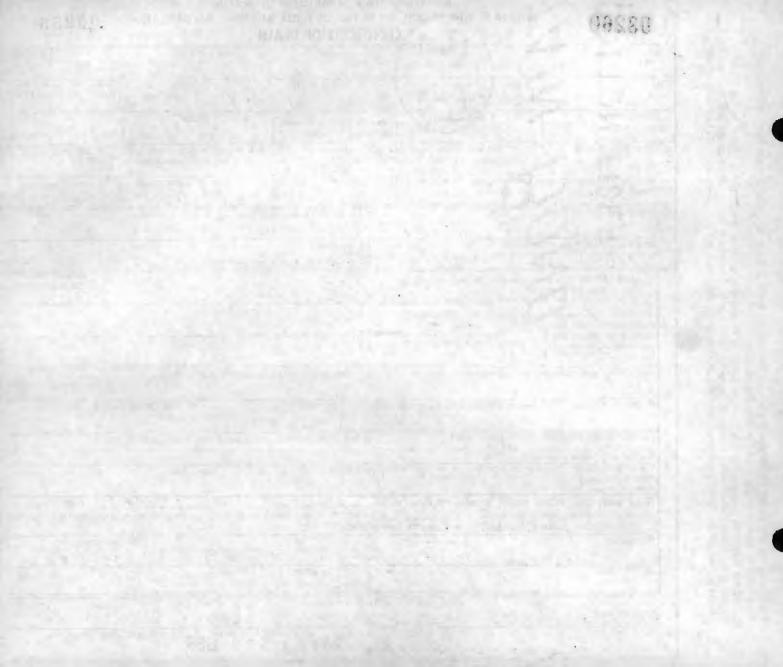
	MARYLAND STATE DEPARTMENT OF HEALTH	
No.	03259 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3254
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT,	Time or Driet	ay Year 2b. HOUR
Page 15	(Type or Print) Richard. H. ANDRES. DEATH MATED 3	0 1969 PM
delay and 3 W3. Pag	3. SEX 4. RACE S. DATE OF BIRTH 2 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
y delo	Month 3 Day 10	Year 1969 13 M
Jr. 2, cm Ph. Depart	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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fer death. Give Pages 1, ang with farm, th fire-state Da	WIA-U-LINDLU - LAND	b. KIND OF BUSINESS OR
ve Page	during most of working life even if retired \ IN	DUSTRY
after death 8. Give Page alang with with Mesta	22 HELIAI DESIDENCE AND ALL AN	as & Elec. C
olo so ol		are Arrames
	14. FATHER'S NAME First Middle Lost PURMANE First Middle	
haur Item Office I land?		Lost
	Richard H. P. Andres Hattie	Myer
within 24 pencil in kaminer's aminer's le pages 72 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Il yes give war or doles of service) 100. SOCIAL SECURITY NO.	
will your Mile 72	Yes no, or unknown) Yes (Nes no, or unknown) Yes (Nes no, or unknown) Yes (Nes no, or unknown) Yes Alice W. Andres, same as	13
ed in H	IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ing" in edical E ermit. F	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Notoleudial preface from	6 meds
d be executed "pending" i Chief Medical transit permit.	4/09 DUE TO, OR AS A/ONSEQUENCE OF	
be ex "pend iief Me insit pe	Conditions, if ony, which gave) (b)	
ony	rise to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed ne word "pending" is on the Chief Medical burial-transit permit.	last.	
This certificate shautd tate, writing the word be farwarded to the Ct be used as a burial-tre or remaval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fical ing ded ded os (
is certifi te, writin farward farward e used a removal,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	20. AUTOPSY?
his certi ate, writ e farwa be used be remavo	WAS PERFORMED?	YES NO RT
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#	PRIMARY OR CONTRIBUTING HOUR A.M.	(10.)
sh de les shorts	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
	WHILE NOT WHILE TOO TO WHILE TO TO THOUGH (AT HOME), TOTHIN, STREET, THE CONTROL STREET OF K.F.D. NO. CITY OF TOWN	Connit 21016
CAL EXAMINER: execute the cert or. Page 4 shault of ar yaur files. CTOR: Page 3 shauburial, crematian.	AT WORK L AT WORK L	/
ICAL I exection. Pour Pour Pour For CTOR:	22a. I certify that Ltoak charge of the remoins described above, held on Autopsy . Inspection . Inquiry .	and in my opinion
by by	death resulted from: / Natural causes , Accident , Suicide , Homicide , Undetermined manner	
please e la director retained L DIRECT iar ta bu	CHIEF MEDICAL EXAMINER	
TY, ple straight of the prior	SIGNATURE (DOWNERS) M.D. ASSISTANT MEDICAL EXAMINER (226). DATE SIG	NED C
SSary, funeral on be r	EXAMINER'S E / DEPUTY MEDICAL EXAMINER X 3/14	167
o DEPUTY DICAL EXAM necessary, please execute the the funeral director. Page 4 bay be retained far your private threath prior to burial, cremely prior to burial, cremely	NAME (Type) L-LIN hnz T. ADDRESS (Street, city, town, or county)	768.
ro DEPUTY necessary, the funera 5 may be ro FUNERA!	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) (State)
	REMOVAL (Specify)	Co. M.
	24. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 256 BEGYSTRAR SOLD	NAT RE
VR A15ME (5)	Kirkley Funeral Home, Glen Burnie, Md. 21061 MAR 1 3 1969	0 0
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ľ		a ar print)			54		ZO DATE	Month	Day .	Yeor	2b. HOUR
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4.0	3. SEX	1 A M	4. RACE		5. 1	DATE OF BIRTH	ant-1	6. AGE (In years last birthday)	IF UNDER		URS MIN
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	o. BIR	THPLACE (State or foreign	7b. CITIZEN OF WHA	T COUNTRY? 8. M	ARRIED 7	NEVER MARRIED	9. COUNTY	OF DEATH			
	dom	MARYLAND	USA-	- Wi	DOWED 🔲	DIVORCED _	ANA	IE ARUN	WEL.		Mc
1	0. CIT	Y OR TOWN OF DEATH	11. NAA	AE OF HOSPITAL OR INSTITUT	ION (If not in			ON (Kind of work do	ne 12b.	KIND OF BUSI	NESS OR
		EN BURNIE	(reet oddress) NORTA	IT CE	VIBR		ing life, even if retire	d.) INDL	USTRY	
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1	4. FAT	HER'S NAME First	Middle	Lost	15. MC	THER'S MAIDEN NAME	First	Middle		L	ast.
		?	7	ANTHONY	D	ONT PROU	/				
		AS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY NO.	17. INFO			Address	5		
	Yes,	no, grunkpown) (If yes give	wat or dates of service)	218-27-0500	miss	MAPEZINE !	MEREL	17M-3018	DUNL	GER	RH
A.	1	B. CAUSE OF DEATH (Enter o	nly one couse per line	for (a) (b) and (c))	1					APPROXIMATE I	
		PART I. DEATH WAS CAUSE	ED BY:	2 4 11 1	Coul	1.00			-	BETWEEN DISET A	AND DEATH
		4/09 IMMEDI	IATE CAUSE (a)	will llenar	run	are.			10	unco	27
L	6	anditions, if any, which gave		A CONSEQUENCE OF	,				200		
ı		se ta immediate cause (a),	(b)	7 7	0-1-0						
L	st	toting the underlying cause		A CONSEQUENCE OF	11						
ı		ist.	(c)								
l	P	ART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RE	LATED TO TH	TERMINAL DISEASE OR	CONDITION G	IVEN IN PART I(o)			
	NO. 10	DATE OF OPERATION 19b.	CONDITION FOR WAILS	H OPERATION WAS PERFORE	400	NA ALIZANCIA	Inn	AF AFF MAPPE FINANCIA	oc consists	en la certain	
	CERTIFICATION 12	U DATE OF OPERATION 190.	COMPINION FOR WHIC	D OFEKATION WAS PERPORT	UED	20a. AUTOPSY?	CALL	. IF YES, WERE FINDING ISES OF DEATH?	22 CONZIDER	ED IN CERTIF	YING
-	E. C.	ACCIDENT MAC HARRING	No. I am amaza			YES NO					
	교 [2]	O. ACCIDENT WAS UNDERLY!		Munth Day Year	21c. HOW I	NJURY OCCURRED (Ente	er noture af i	njury in Port 1 or Port	2, Item 18.)	
	ă m	either, natify medical exam	iner) P.M.	19							
		ld, INJURY OCCURRED 21e	PLACE OF INJURY (T HOME, FARM, STREET, FACTORY,	21f. LOCATI	ON Street or R.F.D. No). (ity or Town	Count	ly	State
	at	While Nat while wark of wark		The state of the s		,		_)	1		
		2a, I certify that (I) (th	nis haspital) atten	ded the deceased fr	om2	14/69 19	, ta_	3/14/	192	, that (1)	(we) las
		saw the deceased a	live on 3/	14/0119	_, and th	at in (my) (aur) ap	inian deat	h accyrred an the	date and	haur and	from the
			e, (l) (we) (did) (d	lid nat view the bady	after deat	h.		, ,			
	2:	2b. SIGNATURE	0 _	11/2		ATTENDING .	MED.	STAFF C	2c DATE SIG	NED /	0
		160	AT. X	Hem.	PEGRE	PHYS.	DIRECTOR [D PHYS.	3/1	4/169	
	27	PHYSICIAN'S	/	1		22e. ADDRESS			11	1	
1		NAME (Type)									
2	3a. B	URIAL, CREMATION, 23b.	DATE	23c NAME OF CEMET	ERY OR CREI	MATORY	23d. LCCA	TION (City at Tawn)	(Caun	ity) (5	tate)
	B	EMOVAL (Specify) 3	117/69	METOUR	RIDI	60	Dde.	SEY			W
1		NERAL DIRECTOR		ADDRESS		2Sq. REC'D			AR'S AIGNATI	RECOR	
1	UL.	LRICH FUNE	PAUHOME	- PUNDA	UN 1	DATE: R	19-18	369 25b. (RESISTER)	0	0	
		7 10				Breeze P					



	1	MARTLAND STATE DEPARTMENT OF HEALTH	••
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212 CERTIFICATE OF DEATH	06268
death.		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH Type or print) Why Amagenta	Coy Year 2b. HOUR
affer d	3. S		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN. YRS.
in by there. Pars. Pars. Pars.	7o.	BIRTHPLACE (Stote or foreign 76. CHTZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NITY) WIDOWED DIVORCED 7	Md.
cuted within 24 haurs offer ampletely filled in by the for we carban papers. Pages 1 event, within 72 hours after	17	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if ret	dane 12b. KIND OF BUSINESS OR
outed w	13o.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence Vefore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUME ission) STATE 13b. COUNTY 7 PESS NOW	ER
Mand (14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Mid	die Lost
requires that the death certificate physician. I signed by the attending physician burial-transit permit. Then pleas burial, crematian, or remaval, and	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? (as, no, ar unknown) (if yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT FOUND TO THE PLAN TO T	ress Md.
ath cer nding p it. The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cartie C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the de he atter it perm atian, a		185 X DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gove	
es that sician. ed by t		rise to immediate cause (a), stating the underlying couse last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)	
requirent sign are burilet	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The law requires the attending physician has been signed by se as the burial-traff the priar ta burial, cre	CERTIFICATION	YES NO CAUSES OF DEATH?	NINGS CONSIDERED IN CERTIFYING
ccian: oital or tificate d for u	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or I or	Part 2, Item 18.)
PHYSI he hasp this cer letached	WE	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town	County State
OR ATTENDING PHYSICIAN: be retained by the haspital or DIRECTOR: After this certificate g 3 shauld be detached far u fed with the State Dept. af Heall		22a. I certify that (I) (this haspital) attended the deceased fram, 19, ta, saw the deceased alive an19, and that in (my) (aur) apinian death accurred an tauses stated abave, (I) (we) (did) (did nat) view the bady after death.	, 19, that (I) (we) last he date and haur and fram the
RECTOR 3 shauth th		22b. SIGNATURE 22b. SIGNATURE The Degree Phys. Director Phys.	22c. DATE SIGNED
may be RAL DI r, page be filed		22d. PHYSICIAN'S NAME (Type) Emily H. Wilson Lothian Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	230 7.	BURIAL CREMATION, 236. DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town REMOVAL (Specify) 3-17-69 FURUASLI)	(County) (Stote)
30M REV (VER	24.	ADDRESS DIRECTOR DE DECISTORD DEL DECISTORD	TRAR'S SIGNATURE
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1	03261 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
_10	Item23 FilmGh12 4/30/69 kk CERTIFICATE OF DEATH
death.	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) C 23. C Doc Death Day Year
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER LYEAR IF UNDER 24 HRS.
_ sin	1 2 44 7 7 8 4 KS
24 ha d in 72 H	country) South Carding USA WIDOWED DIVORCED ANNE Arundel Md.
erxecuted within 24 and carpletely filled in camere carbon paper on any event, within 72	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. INDUSTRY
e-executed with and completely cannot carbon in any event, with the carbon in any event, which is a carbon in a carbon i	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER
ate be exected and conditions and in any	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
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equires that the death certifice physician. signed by the attending physi burial-transit permit. Then plburial, crematian, ar remaval,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY
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JING PHYSICIAN: The law reby the haspital ar attending fiter this certificate has been be detached far use as the State Dept. of Health priar ta	21d. INJURY OCCURRED While Not while of wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
Page 4 may be retained by the haspital ar To FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us shauld be filed with the State Dept. of Health	220. I certify that (1) (this haspitol) ottended the deceased from 27, 1965, to 3-28, 1969, that (1) (we) last saw the deceased give an 3-28, and that in (1) (aur) apinion death accurred on the date dad hour and tram the
OR ATTENIOR SPECTOR: A Shauld be with the	causes stated above, (1) (we) (did (did not briew the bady after deoth. 22) SIENAURE ATTENDING MED. STAFF 222. DATE SIGNED
may be retained RAI DIRECTOR: A page 3 shauld be filed with the	REAL PHYS. DIRECTOR PHYS. J - 28 - 67.
ro Hospital Page 4 may O FUNERAL I directar, pag shauld be fill	NAME (Type) 230. BURIAL, CREMATION, 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City of Town) (County) (State)
Pag To F She	REMOVAL Specifical 3/31/69 Graceland Memorial Corollables Dade Flamel.
VR A15 45M · 1 09	24. FUNERAL DIRECTOR Benely E. Hopping ADDRESS As poing Lewerel Home - Annapolis Md Date APR 1 1969 James Vineral Vi



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03257 03262 CERTIFICATE OF DEATH 1. DECEASED-NAME First. Middle Last 2a. DATE OF DEATH deor OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death the funeral (Type or print) William BALDWIN Norman 1969 March 3. SEX 4. RACE S. DATE OF BIRTH in by the Poges 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Male White last birthday) HOURS July 1, 1886 72 hours 70. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country) Mary Land U.S. Anne Arundel WIDOWED [DIVORCED | filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR dring nostof working life, every if retired.) Annapolis Anne Arundel remove carbon completely Gen. Hospital event 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland Anne Arundel Annapolis YEY 29 Franklin St. in any 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First puo Middle Last physicion on please рцо 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 12. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) cremation, or removal, ottending p 18. CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH suy occuration 72 hu. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retoined by the hospital or attending physicion. stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been as the of Health prior to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH® use YES Y NO [21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) O OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that (1) Ithis haspital) attended the deceased from____ 1962, to Wack, 1969, that (11) (we) last _1969, and hat in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive an_ 3/26 director, page 3 should should be filed with the causes stated abave. (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 1407 Forest Drive, Annapolis, Md. John L. Hedeman, M.D. 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BREMOVAL (Spacify) FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATIAPR 1969

Sasau Astronomic State of the Control of t The second of th can in Heading 1.4. Const. Willy Great Wiley, American, 45.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03258 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I DECEASED NAME First 20 DATE KNOWN 2b HOUR (Type or Print) Poge DanieL. DEATH MATED 3 3 SEX 4 RACE S DATE OF BIRTH AGE (In years IF UNDER 24 HRS and 7 2r DATE PROMOUNCED DEAD 2d. HOUR last buthday) 41 3-30-18 50 YRS To BIRTHP_ACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED PNEVER MARRIED 9 COUNTY OF DEATH DIVORCED [FANCE ARONDEL. Penna. U. S. A. WIDOWED | ID. C TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospite 12a USJAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) DOA-NORIH PRODUCE L during most of working life, even if retired)
Truck Driver Robinson Oil 130 USUAL RESIDENCE (Where deceased lived, function on Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Anne Arundel Glen Burnie I NO I 1601 Heathwood Rd. 21061 pages land2 Last 15 MOTHER'S MAIDEN NAME First 4 FATHER'S NAME Middle Moss D. Barnhart Virginia Stewart 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESIen Burnie, Md. (Yes, no, or unknown) 217-12-1597 Catherine W. Barnhart, 1601 Heathwood Rd. within 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) ETWEEN ONSET AND CEATH Carles deserve PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a). This certificate shauld writing the word DUE TO OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 2D. ALTOPSY? WAS PERFORMED? YES 🗀 NO F ö 216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy [1], Inspection 1 Inguiry P and in my opinion Accident Suicide deoth resulted from Natural couses Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3-9-69 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street city, town, or county) 1.12 Co the SOI 230 BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 3-12-69 Meadowridge Cemetery Howard Md. Dorsey Rd., 250 RECD BY REGISTRAPS SIGNATURE 24. FUNERAL D RECTOR Howard H. Hubbard 4107 Wilkens Ave. 21229 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH





	1	MAKTLAND STATE DEPARTMENT OF HEALTH	
	1	03265 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0326	0
		CERTIFICATE OF DEATH	•
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pe executed within 24 haurs after death. and campletely filled in by the funeral ir remove carban pagers. Pages 1 and 2 in any event, within the four after death.	CON	BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH 9 WIDOWED DIVORCED	
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	17	111 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) INDUSTRY	SINESS OR
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Sept.	13a.	GIVEN E give street address) GIVEN E GOVERNMENT OF THE BOTTON OF THE BO	4
e ve m	aam	mission) STATE Md. 136 COUNTY A.A.Co. ClarBury YES NOT 1113 Apprication	st.
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an and is	1/-	Becknown Rose (guy wown)	
requires that the death certificate g physician i signed by the attending physician buvial-transit permit. Then pleas a buvial, crematian, ar removal, an	100. Y	Address WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. or unknown) ('yes give wor or dates of service) Address	1
shy was		Yes, no, ar unknown) (1 yes give war or dates of service) 218-10-59094 Edn4 M. Beckman (wif-	e)
9 <u>54</u> 8		18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))	E INJUNA.
看 長ょこ		PART I DEATH WAS CAUSED BY	AND DEATH
dec dec		mmediate cause (d)	
he a market		DUE TO, OR AS A CONSEQUENCE OF	
t t time		rise to immediate cause (a). (b) Cerebroras cular alseuse)	
trei by the cree is		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sicio al-t		last. (c)	
ign sign	Į,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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Signal Si	S .	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 120b. IF YES, WERE FINDINGS CONSIDERED IN CERT	PIEVILLA
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두 한 듯 왕도 그	CERTIFICAT ON	AEZ NO COSES OF DEALUS	
Later dear	SEC	21a ACCIDENT WAS UNDERLYING 21b. T.ME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. Manth Day Year	
カラ 単名 生			
YSI days the	MED	21d INJURY OCCURRED 21e. PLACE OF INJURY / ATHOME FARM, STREET FACTORY 1 21f IOCATION Street of P.E.D. No. City of John	State
PH his bitac	П	The state of the s	31010
9 4 154	1 1		45 ())
4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		220. I certify that (1) (this hospital) attended the deceased from 200, 1, 19 69, to 200, 19, 19 69, that (1 saw the deceased alive on 19, 19, 69, ond that in (my) (our) opinion death occurred on the date and hour on	i) (we) last
the edd		causes stated above, (I) (we) (did) (did not) view the body ofter deoth.	id from the
TA STAN		22b SIGNATURE 22c DATE SIGNED	
% % % % % % % % % % % % % % % % % % %		ATTENDING MED. STAFF	1010
2 2 2 2			1967
AL AL Popular		22d. PHYSICIAN'S NAME (Type) Morton M. Krieger, M.D. 22e 615 Hammonds Lane	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has Page 4 may be retained by the haspital ar attending physician 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled-ing director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages should be state Dept of Health prior to burial, crematian, ar removal, and in any event, within the state Dept of Health prior to burial.			
Be age	23a	a BUR AL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
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FOR STATE	03267 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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ay i 3 ta Paga int o	3. SEX A 4. BACE S DATE OF BIRTH 6 AGE (n years Funder 1 TEAR IF UNDER 24 HRS 2c, DATE PRONOUNCED DEAD 2d HO
	mal) a local state bithday) MONTHS DAYS HOURS MIN Month 2 Day 2/ Year (2)
PM3	70 BIRTHPLACE (Sigle) or foreign 70 CITIZEN OF WHAT COUNTRY? 8 MARRIED 7 S. COUNTY OF DEATH
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	(C) also Rike (Labor Roman
hin 24 ncil in panet s pages haurs	16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS
	(Yes, no fr Integer) ((yes give war or dates of service) 212-60-1768 Minnie E. Bake Landsomille mel.
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sho sho file file 3 sr	2 21d INJURY OCCURRED 21e P.ACE OF INJURY (At home, form, street, 21f COLATION Street or R.F. D.A.B. July or Town County State
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Pag Pag ar y R.P.	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinio
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JIY COLO	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
ary, be ERA	EXAMINER'S O.A. 1111111111111111111111111111111111
o DEPUTY COLOR EX necessary, please execut the funeral director Pag 5 may be retained far y 0 FUNERAL DIRECTOR: P Health prior to burial,	NAME (Type) () (NLES H. Wir III, M) DDRESS (Street, city, tawn, or county)
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	15 Will 3-25-1961 (Seen Olemonal Chilistille Mill
620	24 FUNERAL DIRECTOR 250 REG STRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH



	1			D STATE DEPARTMENT OF F		
		03268		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	03263
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24 hours after death 3d in by the funeral pers Pages I and 2 N2 haurs after death	3. S	x Male	4. RACE Negro	5 DATE OF BIRTH March 19, 19	6 AGE (In years	FUNDER YEAR IE UNDER 24 HES MONTHS DAYS HOURS MIN 28
24 hours of persons of in by the persons of the per	7a.	BIRTHPLACE (State or foreign stry) Maryland	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED X	9 COUNTY OF DEATH Anne Arundel	
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e executed within and completely fill remove carbon promoters and any event, within	odm	Maryland	ed lived, if institution Residence before 134 COUNTY Arundel	Churchton YES NO		
dud dud e ex	14	LOME FIRST	Middle Loss	IS MOTHER'S MAIDEN NAME F		Blunt
fificate hysician n pleas	16a.	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	NED FORCES? ar or dates of service)		lient Chil	nektonak
ATENDING PHYSICIAN: The law requires that the death certificate be executed within estained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely fille should be detached far use as the burial-transit mermit. Then please inappre carbon point the State Dept. at Health prior to burial, cremation, ar remayal, and in any event, within		PART 1 DEATH WAS CAUSED IMMEDIA Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause	DUE TO OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	Park		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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by the hospital by the hospital ffer this certificate be detached failstone for State Dept. af He	2	at work at work		(ORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be refained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt		saw the deceosed all duses stated abave	chaspital) ottended the decease ve an 3/19/69 19	ody after death.	nion death occurred an the da	te ond hour and from the
TO HOSPITAL OR Page 4 may be rate for FUNERAL DIRE director, page 3 shauld be filed w		22d PHYSICIAN S NAME (Type) Anton:	io M. Rivera, M.D.	22e ADDRESS	RECTOR STAFF D 20 RECTOR Edgewater	Md.
TO HOS Page TO FUN		BURIAL (REMATION, 23b FREMOVAL (Specify)	PATE 23-69 230 NAME OF CO. ADDRESS	EMETERY OR CREMATORY MARY MA	23d , OCATION (City or Jown)	(County) . (State)
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1	03269 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
PHYSICIAN: The lam requires that the death certificate be executed within 24 haurs after death. It haspital ar attending physician. This certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. There please remove carbon paper. Pages I and 2 Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hopersetter death.	1 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 20. DATE OF DEATH 19 Day 1969 D215 M
fun fer	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years F JADER, YEAR IF LADER 24 HPS.
中的	Male Caucasion 23 April 1896 (ast birthday) YRS. MONTHS ONYS HOURS MIN
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evenii, wiiteiri A	Hungary U.S.A WIDOWED DIVORCED Anne Arundel Md 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work done 12h KIND OF RUSINESS OR
4	Ft. Meade give street address) Harris Loop, Md. during most of working ife, even if retired INDUSTRY Research
1	odmission) STATE Maryland 136 COUNTY Arundel Ft. Meade YEQIX NO 7832 Harris Loop
1	14 FATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle Last
f	John Bokor Maria Babos 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Address
	Yes, no or unknown) (Il yes give war or dries of service) 342-26-9373 John Bokor, son 7832 Harris Loop, Ft. M.
	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED BY MY Ocardial Infarct Modern Manage Manage
	DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if any, which gave in the control of th
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INNINY. 211. ACCIDENT WAS UNDERLYING 1216. TIME OF INNINY.
	YES NO CAUSES OF DEATH? YES
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	While Not work Office Bullomo, Etc.
	22a. I certify that XI) (this haspital) attended the deceased from 19 har , 19 69, to 19 har , 19 69, that NK (We) Kest
	the deceased above, (1) (we) (did) (did) (did) (did) view the bady after death.
	22b SIGNAURA / 22c DATE SIGNED
1	Lamed Wign VICE Man ME DEGREE PHYS DIRECTOR DIRECTOR PHYS X 19 May 69
/	22d PHYSICIAN'S NAME (Pype) JAINES WITRDE WAI INC. King brough Armen Hosp
	C distinct to the time that
	TREMOVAL Specify) 2/20//0
	24 BREADDRIGOD E. Horning MODRESS (MATHER DOLLS & CHARLIDE
R	HOPPING FUNERAL HOME - Annapolis, Md. DAMAR 2 4 1969



		03270	DIVISION OF			PRESTON STREET,		RE, MARY	AND 21201	0320	55
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	3. SE		4. RACE			S. DATE OF BIRTH		6.	AGE (In years ast birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		Female		Whi te		3/19/	/67		2 YRS	MONTHS DATE	TIOURS MIN.
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1	10, 0	TITY OR TOWN OF DEATH	DIA6	IAME OF HOSPITAL OR IN					nd of work done , even if retired.)	12b KIND OF	BUSINESS OR
		Glen Burnie	/	1,01		under					
	admı	USUAL RESIDENCE (Where decease ission) STATE	134 COUNTY				SEDE CITY EIMITS?	1	AND NUMBER	a na	
	14 6	ATHER'S NAME First		A.A.	GT'6	n Burnie		10	18 Gilfo	ord Road	
	14. 1		Middle	Last	· d	1S. MOTHER'S MAIDEN		-1-		1/-	Last
	lho	WAS DECEASED EVER IN US ARM		Boy		. INFORMANT	Patri	.cla	M. Address	IVE	nning
			er or dates of service)		17		t: Nor	oth Am		Glen B	urnie
ı		18. CAUSE OF DEATH (Enter an	y age coute per	ing for (a) the mod (c)	1 ,	Arter	V. 1101	911 714	*******	APPROXIA	MATE INTERVAL NSET AND DEATH
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		()) IMMEDIA	TE CAUSE (a)	AS A CONSEQUENCE OF	1166	127770000					
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		rise to immediate cause (o), stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF		, , , , , , , , , , , , , , , , , , , ,					
		lost.	(c)								
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISE	ASE OR CONDIT	TION GIVEN I	PART I(a)		
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	CERTIFICATION	2) - ACCIDENT MAC INCENTION	C Tou vier o	T. MILLIPH		YES 🗍	NO 🗌			16 10)	
		21a ACCIDENT WAS JNDERLY®N ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	HOUR A.M.	Manth Doy Year	210	HOW INJURY OCCURRED	U (Enter Patu	ste at tulnik i	n Part 1 or Port 2,	(Tem 15)	
	MEDICAL	(If either, notify medical examin	er) P.M.		9	LOCATION Street or R	OFD Me	Ch	Tattin	County	State
			PLACE OF INDUKY	(AT HOME, FARM, STREET FA OFFICE BUILDING, ETC.	CIDE: 1 SIL	LUCATION Street of R	C.T.IJ 190.	City ar	IdMu	connik	21016
		at work of wark	s hasnital\ att	tanded the decor	ad from	3/10	1967	to 2-	125 , 19	69 that	(I) (wa) lace
		22o. I certify that (I) (this saw the deceased al	tve on	200 The deceos	19 02 0	nd that in (my) (o	ur) opinion	deoth occ	urred on the do	te and hour	ond from the
		couses stated above	, (I) (we) (did)	(did not) view the	bady ofte	r death.	,				
		22b SIGNATURE	-11111	2/ 1/1	(0)	ATTENDING	MED.		TAFF 22c.	DATE SIGNED	
		Alden	LIAH W	1481-114	DE	GREE PHYS.	☐ DIRECT	OR L F	BYS L		
		22d. PHYSICIAN'S NAME (Type)	ALVIN H	ECKER		22e. ADDRESS	cain Hi	chway	, SW, Gle	n Burni	e. Md
	22-	BUR AL, CREMATION, 23b. D			CEMETERY	OR CREMATORY			City ar Town)	(County)	(State)
	Z 2G	DEMONIA (Comp. 6.1)	Mar. 6						len Burn	, ,,	. ,
1	24	FUNERAL DIRECTOR	LEIL. O.	ADDRESS	TIELV G	Memorial 250	REC D BY REC	CICTOAD	25b. REGISTRAR S	SIGNATURE	lo., Mi.
		Kirkley Funeral	Home. (len Burni	e. Md.	D.A.	MAR 2 7	7 1969	A Creat	Total Horody	a Contract of the Contract of

MARTLAND STATE DEPARTMENT OF HEALTH

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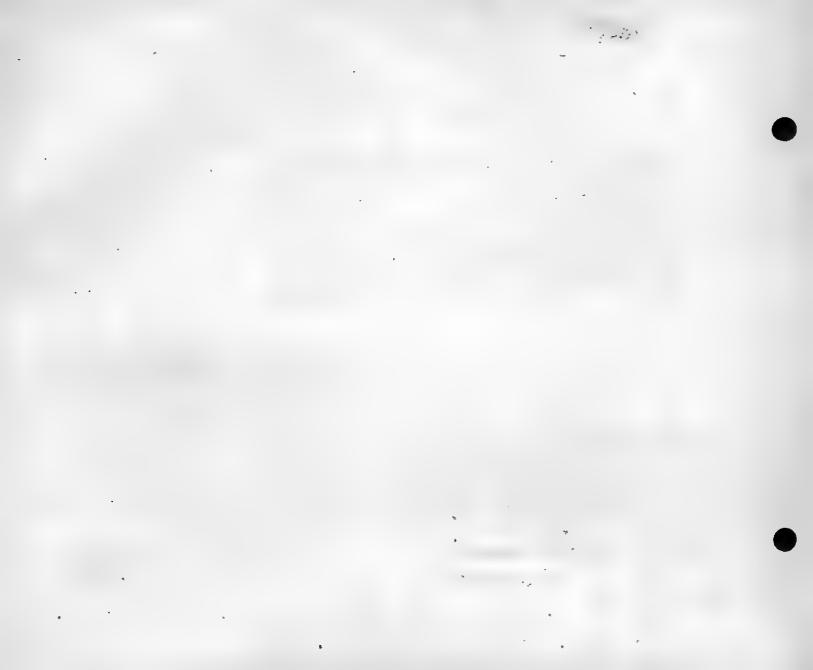
21	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1	Items#14&15, FilmG410 3/24/69 km CERTIFICATE OF DEATH	
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requires that the death certificate be executed within 24 haurs after death a physician. I signed by the ottending physician and completely filled in by the reserval a burial-transit permit. Then please remove carbon papers. Pages and a burial, cremation, or remaval, and in any event, within 72 hour and the burial.		IR 24 HRS
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4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	03268
FOR STATE	L	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03208
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oll mit.		18 CAUSE OF DEATH (Enter only one cause per ne fo (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH



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FOD CTATE	03274 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03269
FOR STATE		
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0-0	24 FUNERA. DIRECTOR ADDRESS 250 REGISTRAR 25b REGISTRAR 25b REGISTRAR	R'S S GNATURE
VR A15ME ST	Raymond C. Fink Glen Burnie, Md. DMAR 2 7 1969	A SA YMOLINE



MAKTLAND STAIE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03270 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 26 HOURA 20 DATE OF DEATH be executed within 24 hours after death (Type or print) CALVERT Floyd March 3 SEX 4 RACE S. DATE OF BIRTH IF UNDER YEAR 6 AGE (In years iost bigthdoy) White Male Jan. 7, 1904 filled in by th haurs 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X NEVER MARRIED U.S. Maryland WIDOWED [paper ond in ony event, within 72 DIVORCED [Anne Arundel ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress) <u>siciaa and tompletely f</u> pleose remove corban during most of working life, even if retired) INDUSTRY Annapolis Anne Arundel Gen. Hospital Tainten 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER STATE Maryland YES X Annapolis 107 Shilev St. 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First alvert ackson PHYSICIAN: The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of survice) burial, cremation, or removal, Alice Calvert Annapolis. Paruland. APPROX MATE INTERVA 1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

MMEDIATE CAUSE (0) Canditions, if any, which gave) rise to immediate couse (a). signed by be retained by the hospital or attending physician, stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) this certificate has been director, page 3 should be detoched for use as the shauld be filed with the State Dept of Health prior to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO XX 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJRY OCCURRED 218 PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work FUNERAL DIRECTOR: After 22a I certify that((1) (this hospital) attended the deceased fram_ saw the deceased alive an_ 1967, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the boay ofter death. MED DIRECTOR DEGREE PRISICIAN S 22e ADDRESS Edward S. Beck, M.D. 73 Franklin St., Annapolis, 23a BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 0 250 REC'D BY REGISTRAR Patterson &

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03272 CERTIFICATE OF DEATH 2b. HOUR TO funeral s 1 and 2 ter death. DECEASED NAME First M ddle Lost 20. DATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 3 Month (Type or print) 69Year MARY CLODFELTER 12:15 G Pates 1 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS 6 AGE (In years lost birthday) and templetely filled in by the 10-5-19 White Female La YRS ye'carban papers Par event, within 72 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) A.A. Anne Arundel Maryland WIDOWED [DIVORCED [16 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress) North Arundel Pasadena own home TI3c CITY OR TOWN 30 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d INSIDE CITY LIM TS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NOT YES 🗔 Md. 100 Mission Street Pasadena please remove burial, crematian, or remaval, and in any 14. FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Middle Lost Lost Alice Hume Sullivan Fred Mr (Husband) Same 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. Yes, no, or unknown) North Arun del Hospital as #13 Chart unknown סת 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
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-	- 1	ab l		DJVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0 0 0 th 0
7		Ck		03278	CERTIFICATE OF DEATH	03273
	death.	eath.		ASED-NAME e or print)	College + 20. DATE OF DEATH Month	Day Year 2b. HOUR M
	the funeral	i	3. SE	1000 ARME ALMOS	S DATE OF BIRTH 10/26/1904 6 AGE (In years last berthday) 044 YR	F JNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	hours after in by the fu	2 hours aft	7o B	THPLACE STATE OF TOTAL THE COUNTRY?	8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED	intel Md.
	ecuted within 24 ha completely filled in love carbon papers	y event, within 72 h	10. (Y OR YOWN OF DEATH 11 NAME OF HOSPITAL O	R INSTITUTION (If not in haspital 12a USUA, OCCUPATION (Kind of work dan during mask of working like, even if refired	e 125 KIND OF BUSINESS OR
	ted wr npletely e carbo	vent, w		JUAL RESIDENCE (Where deceased lived, if institution: Residence before) STATE (13b. COUNTY)	fore 173 CITY OR TOWN 138 INSIDE OF LIMINS 138 STREET AND NUMBER YES NO TO TOWN 128 OF TOWN 138 INSIDE OF T	107 A MA
	ond comp	in any e	14. F	HER'S NAME First Middle (16	St 115 MOTHER'S MAYDEN NAME First Middle	C D- lost
	ertificate be physicion on nen please	al al	160.	AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUI	RITY NO. 17. INFORMANT 100 + Address	week mo
	equires that the death certifi physician. signed by the ottending phy buriol-tronsit permit. Then	Health prior to burial, cremotion, or remoral, and		8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), one PART I DEATH WAS CAUSED BY:	44124 Hazque F. Collect - Unn	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	e death ottendi	on, or r		MMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE	E OF M	5 mel
	that the in.	remoti		onditions, if any, which gave (b). (se to immediate couse (a), (atting the underlying couse) DUE TO, OR AS A CONSEQUENCY	E OF	1 491
	quires physicic igned vuriol-ti	uriol, c		ost. (c) Cutting	UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	useur
	N: The low requires the or attending physician, the has been signed by ruse os the buriol-tron	ior to b	MOLL	O DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION W		S CONSIDERED IN CERTIFYING
	AN: The low ral or all or attending icate has been for use os the	alth pr	CERTIFICATION	To, ACCIDENT WAS UNDERLYING 215, TIME OF INJURY	YES NO CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port	2, Item 18.)
	OR ATTENDING PHYSICIAN be retained by the hospital DIRECTOR: After this certifica	ot, of He	MEDICAL	To contributing Cause of Death HOUR A.M. Month Day teither, notify medical examiner) P.M.	Year 19 19 21 f. LOCATION Street at R.F.D. Na. City or Town	County State
	NG PH y the h er this	ote De		While Nat while 1 Not work at work 1/20. I certify that (I) (this hospital) attended the dec	eased from	19, that (I) (we) lost
	TENDII ined by OR: Aft outd be	the St		sow the deceosed olive on couses stoted obove, (I) (we) (did) (did not) view	19, and that in (my) (aur) opinion death occurred on the the body after death.	dote and haur and from the
	OR AT be reto DIRECT	ed with		26. SIGNATURE CENT 1, CERCE	DEGREE PHYS. MED. STAFF DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIRECTOR PHYS DIRECTOR P	2c. DATE SIGNED
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers.	should be filed with the State Dept. of			EN 22e. ADDRESS Cotheston	<i>y</i> '
	TO HO Page TO FUS	Shou	23a	RMOVAL (Specify) 3/25/69 B1	E OF CEMETERY OF CREMATORY Sacrete At, Marya	(Coupty) (Stota)
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		. 1		STATE DEPARTMENT OF HEAL	
	1 V	d - 1	DIVISION OF VITAL RECORDS, 3	01 W. PRESTON STREET, BALTIMOR	E. MARYLAND 21201
	. 1	7		ERTIFICATE OF DEATH	03274
	death.		1. DECEASED NAME (Type or print) Fyst Addis		DATE OF DEATH TOOK THEOT St. HOUR
	是 不是 ·		Female 4 RACE	S. DATE OF BIRTH	6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	24 haurs d in biggers. 72 hours			MARRIED NEVER MARRIED 9. COL	NTY) OF DEATH
	ecuted within 24 Facampletely filled in ove corbon papers y event, within 72	957*	10 CATY OF TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUTE 1 NAME		JPATION (Kind of work done INDUSTRY INDUSTRY
	camplet cove cor	20	13a. USUAL RISIDENCE Where deceased lived if institution) Residence before 1 admission) 11A1	32 CITY OR TOWN 134 INSIDE CITY LIMITS 7	130 STREET AND NUMBER
	equires that the death certificate be execut physician. signed by the ottending physicion and camp burial-transit permit. Then please remove burial, cremation, ar removal, and in ony exe	1	14 FATHER NAME FIRST MUDGLE LOST	24 ACL LICE	All fo
	physicion and en please rem oval, and in on		16a WAS DECEASED EVER IN-U.S. ARMED FORCES? Yes, na, or unknown) (If yes give water dores of service)	Delvin Ch	Control Control
	he death ce ottending permit. The		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lear avert	APPROX MATE INTERVAL BETWEEN ONSET AND CEATH
	equires that the death ce physician. signed by the ottending burial-transit permit. The		Candillans, It any, which gove rise to Immediate cause (a), (b)	oc farline	2 yrs
	equires that the physician. Signed by the burial-tronsit barial, cremat		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
	w required physical p		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(a)
	The law re ottending has been se as the th prior to		19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFO	ORMED 20a. AUTOPSY? YES \(\text{NO} \text{NO} \text{NO} \text{Y}	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	itclan: The law repitol or ottending rrificate has been at for use as the of Heolth prior to		OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year III either, notify medical examiner P.M.	21c HOW INJURY OCCURRED (Enter noture	of injury in Port 1 or Port 2, Item 18)
	the host this cell detache e Dept.		While Mat white at work at work	21f LOCATION Street or RFD No	City or Town County State
_	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the showld be filed with the State Dept. of Health prior to I		220. I certify that (I) (this haspital) attended the deceased saw the deceased alive an	——⊻. YINY IPO! IN IMYI IAUFI ABINIAN C	to, 19, that (I) (we) last leath accurred an the date and hour and fram the
	OR ATI	1	226 SIGNATURE ALLE OUL	DEGREE PHYS MED DIRECTOR	STAFF 22 DATE SIGNED 9
	Page 4 moy b O FUNERAL B director, page should be file		22d PHYSIC AN S NAME (Type) A T A LLEX	22e ADDRESS 2	CATHEDAGE GI
	Page To Fun direct showl	X.	13 -3 -1961 BAL	Cadneck &	LOCATON CONTRACTOWN) (COUNTY) SINGE
	VR A15 34	0×1	24 F. MERAL DIRECTOR RECENSE # ADDRESS	1777/7 250 RECD BY REGIS	1969 25b REGYRAR'S SIGNATURE

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January and I	lier .			ND STATE DEPARTMEN			
100		03281	DIVISION OF VITAL RECORDS	i, 301 W. PRESTON STREET CERTIFICATE OF DE		ID 21201 (03276
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ē		ype or print)			M	onth Day Ye	ar
	3 56	Rober	4 RACE	Collins S DATE OF BIRTH		30 1969 E (In years IF UNDER 1	YEAR IN UNIOER 24 HRS
	3 31				last	birthdoy) MONTHS	OAYS HOURS MM.
	7.	Male IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	4-4-1		46 YRS	
	(00/	itry)		8. MARRIED NEVER MARRIED W.DOWED DIVORCED	H	J	
	10.7	Maryland ITY OR TOWN OF DEATH	II.S.A.		12a USUAL OCCUPAT ON (Kind	of work dage 1325 KI	Md Md
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/			COLLINS		4	middle	LOSI
Ť	160	RAYMOND H.		YNO. 17 INFORMANT	CAMPBELL	Address	·
	l vu	es, na, or unknown) (Il yes give v	rar or dotes of service)	FAMILY		Same	
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	CERT, FICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20e AUTOPSY?	20b IF YES, V	VERE FINDINGS CONSIDERED	D IN CERTIFYING
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	MEC	2 d INJURY OCCURRED 2 e	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING ETC.	FACTORY) 21f LOCATION Street or	R.F.D. Na. City or Tov	vn County	State
		While Not while at wark	COPICE BUILDING EIC	'			
			is haspital) attended the decec	sed from 3: 28	, 19 <u>64</u> , to 3	-30,1964,	that (i) (we) last
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			e, (I) (we) (did) (did nat) view th	e bady after death		22c DATE SIGN	(Ph
	П	22b SIGNATURE	W Molla	DEGREE PHYS	MED STAF	£ [-7] -2 -3	10
		22d. PHYS CIAN S	1 - would	DEGREE PHYS 22e. ADDRESS	DIRECTOR L PHYS	3-50	-67
1		NAME (Type)	Dowless		Hospital Dr	Glen Ru	rnie. Md
1	220	BURIAL, CREMATION, 23b	enap Dorkan	F CEMETERY OR CREMATORY	23d. LOCATION (Crt)		
-	530	SEMOVAL (Specify)		TIMORE NAT. CE	1		75.010]
12/2	24.	FUNERAL DIRECTOR	ADDRE			Sb. REGISTRAR'S SIGNATUR	RE
68		John N Hah.	n 4 200 Penning ton	GUR 21226 DA	APR 3 1969	Ochember !	Dandage :
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MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03278 03283CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death (Type or print) Month Florence E. March 8, 10091 S. DATE OF BIRTH 3. SEX 4 RACE 6 AGE (In years IF UNCER I YEAR IF UNDER 24 HRS MONTHS I Agsty birthday) DAYS HOURS Dec. 6. 1895 Female White and completely filled in by 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED Balto. Md. remove carban papers. WIDOWED USA D VORCED Anarundel 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress), during most of working the even if retired) wrapper ketired Hochschi Arnold 13g. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER #36. COUNTY YES [NO TV Arro ld 14. FATHER'S NAME Middle Last IS MOTHER'S MA.DEN NAME First ook signed by the attending physicial burial-transit permit. Then please pup 16b. SOCIAL SECURITY NO. 17 INFORMANT 16g, WAS DECEASED EVER IN J.S. ARMED FORCES? Yes, no or unknown) or removal, awnpark CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) burial-transit rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending as the TO FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? YES [] NO [ed far use of Health p 2)a. ACCIDENT WAS UNDERLYING 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) detached 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from _//_ 69, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive oncauses stoted obove, (1) (we) (did not) view the body ofter death 22p STGNATURE 22c. DATE SIGNED MED DIRECTOR DEGREE PHYS PHYS. director, page should be filed 22d PHYSICIAN'S NAME (Type) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATOR LOCATION (City or Youn) 23a BURIAL, CREMATION, / (State) REMOVAL (Specify) Loudon Pank 2Sb. REG STRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR Stansbury, Sr. 6411 Windson Mill Rd.

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2,				03284	DIVIDION			CATE OF DE			0327	9
/	- 64:		1 DE	CEASED-NAME First		Middle		Lost		a. DATE OF DEATH		2b. HOUR
-	dean metal and deoth			pe ar print) Ber	tio	L.		Coulbourn		Merch 4.	1969	M
	orrer dear		3. SEX		4. RACE	ولل		S DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
3	the forest			Female		White		20 S	ept. 18	lost birthday) 69 YRs.	MONTHS DAYS	HOURS MIN.
	by 1		70 B	RTHPLACE (State or foreign	7b. CITIZEN OF	WHAT COUNTRY?	B. MARRIEI	NEVER MARRIED	-	OUNTY OF DEATH	, ,	
	4 hours lin by 1 ers Pg 72 hours		caun	(Ty)	USA	A	WIDOWE	Appendix 1		Anne Arundel		Md.
	in 24 hours of filled in by the papers Pogers Poger hin 72 hours (thin 72 hours)		10. CI	A Co. Md. TY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR INS	TITUTION (if	nat in haspital	12a USUAL O	CCUPATION (Kind of work done	12b. KIND OF	BUSINESS OR
-	be executed within 24 hours after death n and campletely filled in by the funetal e remove corbon papers. Pages and 2 i in ony event, within 72 hours after death	/ j		Glen Burnie	gi	ve street oddress) 1498 Crain	Highw	av S. W.	during most of	f working ife, even if retired.) Lousewife	INDUSTRY Own	Home
	d w lefe corb	2 2	130	JSUAL RESIDENCE (Where deceo	ed lived, of insti	tutian. Residence before	13c CITY C	IR TOWN 13d.	INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
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/ T	S S S S S S S S S S S S S S S S S S S	-7	14. F	ATHER'S NAME First	Middle	Lost		IS MOTHERS MA DE	N NAME First	Middle		Lost
(III	9 6 9			Joshua	H.	Donald	son		Mamie	E L.		Warfield
	ciar eos ono		16a.	WAS DECEASED EVER IN U.S. ARJ	AED FORCES?	16b. SOCIAL SECURITY	NO. 17	INFORMANT		Address		
4	hysi rate		Y	35, na, ar unknown) (If yes give t	ART ON BRIDGE OF JOSEANCO	215-03-09	41 B	James S	. Coull	ourn, Sr., sam	e as 13	
	mo mo			IB. CAUSE OF DEATH (Enter or	ly one couse per	line for (o), (b), and (c))				APPROXI	IMATE INTERVA. DINSET AND DEATH
	oth ndin if.			PART I DEATH WAS CAUSE IMMEDI	D BY:	Carcinoma -	 left 		ney wit	h generalized	6 plu	s months
	offer offer on, c		Н	1	DUE TO D	R AS A CONSEQUENCE OF		tastasis			2 ,	months
	the or th			Conditions, if any, which gave	(b).	athologic 1	fractu	re left h	nip) '	no trong
	hat n. oy t ons		П	rise to immediate cause (o), stating the underlying couse		R AS A CONSEQUENCE OF						
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	OR ATTENDING PHYSICIAN: The low requires that the deoth certricote, be retoined by the hospitol or ottending physician. NIRECTOR: After this certificate has been signed by the ottending physician e 3 should be detached far use os the buriol-tronsit permit. Then pleos ed with the Stote Dept. of Heolth prior to burial, cremation, or removal, one			PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTR	BUTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DI	ISEASE OR COND	OITION GIVEN IN PART 1(0)		
	ng en he he		2									
	lov endi	6	CERTIFICATION			WHICH OPERATION WAS PE		20a. AUTOPSY		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN (ERTIFYING
	The off of the has	Jr.		- 1 4/		ic fracture		YES 🗀	NO 🔀			
	or ate			21a. ACCIDENT WAS UNDERLYS		OF INJURY M. Month Day Year		HOW INJURY OCCUR	RED (Enter no	ture of injury in Port 1 ar Part 2,	Item IB.)	
	of the state of th		MEDICAL	(If either, notify medical exami	ner) P.	M. 1	9					
!	hos hos ce the		W	21d INJURY OCCURRED 21s	PLACE OF INJUR	Y (AT HOME FARM, STREET, FA	CTORY.) 21f.	LOCATION Street of	r R.F.D. No.	City or Town	County	State
	the this dete			While Nat while at wark				11 - 1111 - 1	I kutu o			715 7 5 6
	by frer frer be stot			at wark at wark 22a. I certify that (I) (the saw the deceased of courses stated above	is haspitol	ttended the deceas	ed fram	nd shot in /mu)		_, to, 19 in death occurred on the d		t (I) (we) lost
	ed ed			couses stated obov	ilive on	d) (did not) view the	body ofte	r death.	(aur) apinia	in death occorred on the d	are and nour	ond nom me
	10 de 4			22b. SIGNATURE	0,(1) (110)(1				220	DATE SIGNED	
	d w			2 Tale	ne 1) 1500	e DE	GREE PHYS	MED.	TOR STAFF 3	-6-69	
	T C C C C C C C C C C C C C C C C C C C			22d. PHYSICIAN'S				22e. ADDRES				
	RA Se	1		NAME (Type) Frede	ric V.	Beitler, M.	. D.	1014	Franci	s Ave. Arbutus	, Md.	21227
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certriticate be exectly be good a may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and calculated, page 3 should be detached far use as the buriol-transit permit. Then please remainshould be filed with the State Dept. of Realth prior to burial, cremation, or removal, and in any		23a	BUR AL, CREMATION, 23b.	DATE	23c NAME OF	CEMETERY (OR CREMATORY	2	3d. LOCATION (City or Town) A		(State)
	000 0 P P P P P P P P P P P P P P P P P			BELLOUGH (C . C)	March 1	969 Gler	Have	n Memoria	1 Park	Glen Burnie	Md. 2	1061
	VR A75	M		FUNERAL DIRECTOR		ADDRESS	5	25	a REC'D BY R	EGISTRAR 25b. REGISTRAR:	S SIGNATURE	
	30M REV.	18		Kirkley Fur	neral Ho	me, Gleji Bu	rnie,	Md. 210	At MAR	7 1969 Jake	nles Ju	225
											E.A.	



410 MARYLAND STATE DEPARTMENT OF HEALTH ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 03280 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2a DATE KNOWN 1 DECEASED Middie Month Year 2b. HOUR (Type or Print) EST Poge EDWARD DEATH MATED TERENCE COYNE 4 RACE S DATE OF BIRTH 6 AGE (In years IF JNDER 24 HRS. 2c DATE PRONOUNCED DEAD 3 SEX White Male 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH W-DOWED I Anne Arundel IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (if not in hospita 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR near boat near Shore line during a way in the form of refired) 3d INS DE CITY . # TS? 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13b. COUNTY YES NO IP after 14. FATHER'S NAME Middle Last should be forworded to the Chief Medical Examiner's hours poges be executed within (Yes, bo, as well-nawn) E G APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Presumably drawned DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a). This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, CERTIFICATION 19a, DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, tem 18.) 0 21g EXTERNAL CAUSE WAS 21b T ME OF INJURY Month Day, Year PR MARY CONTR BUTING CAUSE OF DEATH HOUR A M MEDICAL cremation, Unknown (Found near water) 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town State factory, affice building, etc.) WHILE NOT WHILE AT WORK AT WORK Near beat (near shereline) Md. 22a. I certify that I took charge of the remains described above, held an Autopsy XX Inspect an , inquiry , and in my apinian director. Undetermined manner death resulted from Accident * Suicide . Natural causes CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, tawn, ar county) NAME (Type) MAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REC D BY REG STRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR S S GNATURI VR A15ME (5) 10M REV 1768

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7 1	ĮĮt 4	7-69 Ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		03286 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03	3281
HEALTH DEPT.		DECEASED NAME First Middle Lost 2a DATE KNOWN Manth	Day Year 2b HOUR
af ge at	(Type or Print) EVA Croceffi DEATH MATED 73	8 69 AM
delay	3 5	(net britishing) MONTHS DAYS HOURS MIN 04M	2d. HOUR
C TELES		F W 6-20-95 73 YRS.	Yeor 169 A M
De a 2		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ges ges r far	10	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hasp tal 12a LISLA, OCCUPATION (Kind of work done	12b K ND OF BUSINESS OR
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, should be farwarded to the Chief Medical Examiners Office along with farm files. 3 should be used as a burial-transit permit. File pages and Zwith the State Deation, at removal, and in any event within 72 hours after death.			INDUSTRY
after Gry (lang vith 1	130	USJAL RESIDENCE (Whate deceased lived, if institution Residence before 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e STREET AND NUMBER	
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Para Para Para Para Para Para Para Para		10.00	Last
thin 24 miners pages haurs	lóó	WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS ,	0 - 14 - 1
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ed v al Est hin ()		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY	APPROXIMATE INFERVAL BETWEEN ONSET AND DEATH
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e execut pending ef Medic ssit perm		Canditians, if any, which gave)	6 hous
Id by Chie Chie		rise ta immediate cause (a),	
wo wo the the		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
EXAMINER: This certificate shauld be executed write execute the certificate, writing the word "pending" in perior. Page 4 shauld be farwarded to the Chief Medical Example for your files. CTOR: Page 3 should be used as a burial-transit permit. File burial, cremation, ar removal, and in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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cert arwo mov	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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he cosha sha sha sha sha sha nafii	WED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. Na City or Town	County State
XAN tre til ge 4 yaur yaur crer		WHILE AT WORK	A. Md.
bical Examiner: se execute the certi ector. Page 4 shault med for your files. tECTOR: Page 3 shou a burnal, crematian,		22a. I certify that I toak charge of the remoins described obave, held on Autopsy 🔲, Inspection 🔀 Inquiry 🛛	
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Ty please rail direct de retains AL DIRE		ACTUAL SIGNATURE CHIEF MEDICAL EXAM NER 226 DATE	CICNER
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03284 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middle 2a DATE KNOWN Manth 2b HOJR (Type or Print) DEATH MATED AGE In years 2c DATE PRONOUNCED DEAD 4 RACE 2d HOUR 3 SEX S DATE OF BIRTH 10-30-12 W MARRIED NEVER MARR.ED 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? WIDOWED | DIVORCED [North Carolina 12a USUAL OCCUPATION (Kind of work dane 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY, OR TOWN OF DEATH. give street address) OH - North. ARUNDEL during most of working life, even if retired.)
Salesman INDUSTRY Montgomery 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER <u>a</u> 13b COUNTY 291-TICKNECK pencie in Item 18 Pasadena land 2 after 14 FATHER'S NAME First Middie IS MOTHER'S MAIDEN NAME M ddle Last John D. Dagenhart Ada Alexander haurs Examiner's bages IAM WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) (If was give wor or dates of service) 238-09-1289 Mrs. Bernice B. Dagenhart Same File APPROXIMATE INTERVA within CAUSE OF DEATH (Enter only one cause per ne for (a), (b) and (c)) BETWEEN ONSET AND DEATH farwarded to the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF burial-transit Conditions, if and, which gave rise to immediate couse (o). writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal 195 CONDITION FOR WHICH OPERATION 20. AUTOPSY? 190 DATE OF OPERATION WAS PERFORMED? YES [NO DE Se 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1em 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At nome, form, street, 21f, LOCATION Street or R.F.D. No. 21d INJRY OCCURRED City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy Inspection 7 Inquiry P ond in my opinion Notural causes . Accident . Spicide | death resulted fram Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS(Street, city, town or county) NAME (Type) 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 23d BURIAL CREMATION. (County) (State) REMOVAL (Specify) Glen Burnie, Maryland Glon Haven Memorial Park 3-19-69 ADDRESS 25a REC D BY REG STRAR 25b REGISTRAR'S 5 GNATURE 24 FUNERAL DIRECTOR 1:001 Ritchie Hgwy. Gonce Minaulas

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03285 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20 DATE KNOWNIZ Dov Yeor 2b HOUR (Type or Pnnt) ESTI 69 OF Page 4 DEATH MATED artment IF UNDER 1 YEAR 3 SEX AGE fin years HE UNDER 24 HRS. S DATE OF BIRTH 2c DATE PRONOLNCED DEAD 2d HOUR PM3. MONTHS Doy 5-24-16 YRS To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH form in Item 18. Give Pages 1, WIDOWED [DIVORCED NAME OF HOSP TAL OR INSTITUTION (If not in hospital with 10. CITY OR TOWN OF #B 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Superintendent Insurance alang USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. C-TY OR TOWN 13d INSIDE GTY JM TSP 13e STREET AND NUMBER Prince Geo. admission) STATE Coral Hills YES KO NO [5204 P Office (land 2 \ 24 hours ofter 14 FATHER'S NAME Middie Lost IS. MOTHER'S MAIDEN NAME First c San W Davidson Flossie M. Burnopo ed! Expeniner's pages hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? penci 166 SOCIAL SECURITY NO A Patterson Daughter Fisher Rd., Oxon Hill. within (Yes, no, or unknown) no with 172 a .⊑ APPROX MATE IN LEVAL be executed 18 CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c)) permit BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (6) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o). shauld please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last ≘ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O remaval used 190, DATE OF OPERATION 19b. COND.T.ON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [þ 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I task charge of the remains described above, held an Autopsy Inspection 🖂 Inquiry and in my apintan death resulted frame Matural couses Accident | Surcide Hamicide I Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASS STANT MEDICAL EXAMINER SIGNATURE: the funera necessary, DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) 230 BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Spec fy) 3/8/69 Cedar Hill Cemetery Burial Washington, D. 24 FUNERAL DIRECTOR 2So REC D BY REGISTRAR 2Sb Funeral S. E. Home Suitland VR A15ME (5) 10M REV 1/68

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1	e en d		ID STATE DEPARTMENT OF		
	03290		, 301 W. PRESTON STREET, BA		03286
1	Orderson Marie		CERTIFICATE OF DEATH		
Ţ.	DECEASED NAME First (Type or print)		Lost	20 DATE OF DEATH	2b. HOUR
L	H	enry	Davis	Month Doy	69 2:15P
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER YEAR IF JNOER 24 HRS.
L	Male	White_	1/14/9	lost birthday)	MONTHS DAYS HOURS MLN
	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
l °	ountry) Alabama	US	WIDOWED TIKE NOW PROCED	Anne Arundel	AA AA
Ti	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN		SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
L	Crownsville_	give street oddress)	e State Hospital	most of working life, even if retired)	INDUSTRY
13	TO USUAL RESIDENCE (Where deceo	sed lived, if institution Residence before	13c CTY OR TOWN 13d. INSIDE GT	TY LIMITS? 13e STREET AND NUMBER	
00	dmission) STATE Maryland	131 COUNTY		NO 🗆	1 A
14	4 FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME	First Middle	wood Avenue
					£621
-	60 WAS DECEASED EVER IN U.S. ARJ	MED FORCES? 166, SOCIAL SECURITY	NO 117 INFORMANT	Rachel Address	
L	Yes, no, or unknown) (If yes give v	var or dates of service)			State Userit-1
F	unknown	unknoon		ords, Crownsville S	PRODUMER AND A
1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ally one cause per line for (o) (b) and (c)	1 0 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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1	Conditions, if any, which gove trise to immediate cause (a).	(b) outeri	o delcrobe &	work deser	Ly
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	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE O	RECONDITION GIVEN IN PART I(0)	
1	5		•		
1	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
STIFE	190. DATE OF OPERATION 196		YES NO [CAUSES OF DEATH?	
			21c. HOW INJURY OCCURRED (En	nter nature of injury in Port 1 or Port 2, 1	item 18)
DICE	OR CONTR BUTING CAUSE OF DEAT [If either, notify medical exami	ner) P.M 1	9		
Man	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREET, FA	CTORY) 21f LOCATION Street or R.F.D. I	No City or Town	County State
	While Not while of work	OFFICE BUILDING, ETC.	1		
	22a. I certify that (I) (th	is hospital) attended the decease	ed fram 6/22/ 19	63, to 3/5 , 19	69 , that (!) (we) lo
	saw the deceased a	l ve on3/5/ (I) (we) (did) (did not) view the	1969_, and that in (my) (our) a	pinion death occurred on the da	te and hour ond from th
		(I) (we) (did) (did not) view the	body after aeath.		
	22h SIGNATURE		ATTENDING	MED STAFF 22c [DATE SIGNED
	(1.7	M. u.	DEGREE PHYS. L.J	DIRECTOR PHYS 3	/5/69
ı	22d. PHYS CIAN S NAME (Type)	31 =01	22e ADDRESS	sville State Hospit	
		N.ERK	Crown		,
23	Bo Burial (REMATION, 23b. REMOVAL Specify)	DATE 1239 NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City of Town)	(County) (State)
L	7-3	198.02 N. & M	d. Mid . Jahoot	Baltimore,	ug 1
2	4. FUNERAL DIRECTOR	JADDRESS	250. REC D	BY REGISTRAR 2Sb. REGISTRARS	A alter
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death. eral and 2 death.		CEASED NAME First ype ar print) - IRIS		Middle D2	Last LALDOWSKI		DATE OF DEATH ARCH Manth 26 Day	1969 ^{Year}	25 HOUR P 12:55M
fer of the	3. SI		4. RACE		S. DATE OF BIRT		6. AGE (In years lost hirthday)		F LINDER 24 HRS. HOURS MIN
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24 hav	cau	BIRTHPLACE (State or foreign alry) England	75 CITIZEN OF WHAT C	W	MARRIED 🚰 NEVER MARRI DOWED 🔲 DIVORC	ED A	nny of DEATH nne Arundel		Md
Avithin Swithin Swithin		ity or town of DEATH Geo G. Meade	give street	ef Hospital or Institu address) Kimbrough	NON (If not in haspital Army Hosp	during mast af a	JPATION (Kind of work done working if to, even if retired.) USEWITE	126 KIND OF BI INDUSTRY None	
ampleit vereil	13a adm	USUAL RESIDENCE (Where deceases sign) STATE Land	ed lived, if institution (13b. COUNTY Anne Ami	ndel (AEZ NO T	130 STREET AND NUMBER 604 Rita Dr:		
exe any any		FATHER S NAME First	Middle	Last	15 MOTHER S MAII		Middle		Last
n ar		Joseph		Goodier		Glady		John	son
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please rentave-carbon pages, and 2 shauld be tiled with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event.	16a.	WAS DECEASED EVER IN U.S. ARA es, aq, ar unknown) If yes give v	or or dates of service?	SOCIAL SECURITY NO. 5-90-8530	Joseph Dz	(husban ialdowsk	d) Address i,604 Rita Dr:		
ng p The		1B. CAUSE OF DEATH (Enter on	ly ane cause per line fa	(a), (b), and (c))				BETWEEN ONS	TE INTERVAL ET AND GEATH
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v rec	z		Ī	_					
The law ra aftending has been se as the	CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH C	PERATION WAS PERFOR			20b IF YES, WERE FINDINGS (TIFYING
The raff	E	A ACCIDENT WAS AMBERIAN	D. Louis and D. Louis		YES 🔀	NO 🗆		Yes	
AN: al a al a ficate far Hea		21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT	H HOUR A.M. M	onth Day Year	21c. HOW INJURY OCCU	RRED (Enter natur	e af injury in Part 1 ar Part 2,	Item 18.)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, crea	MEDICAL	(If either, nat'ty medical exami 21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT H	19 OME, EARM, STREET, FACTORY) 21f. LOCATION Street	ar R.F.D. Na	City or Town	Caunty	State
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by the fifter peece State	ı	22a. I certify that \$\frac{1}{2}\$) (the saw the deceased a	s hospital) ottende	d the deceased	rom 25 Mar	. 19_69 .	to26 Mar_, 19	69, that !	t) (we) last
R: A uld		saw the deceased o causes stated obove	live on <u>CO Ma</u>	XXXXXX View the bod	v ofter death.	(our) opinion	deoth occurred on the d	ate and hour o	nd from the
ATI ATI	ı	22b. SIGNATURE		7//	ATTENDING	- MED	STAFE 22c	DATE SIGNED	
OR DIRE		1000	110	MIN	COESPREE PHYS	U DIRECTO	R D STAFF 🔀 20	March :	1969
ITAL May KAL Pag be fil		NAME (TYPO) TO HITT T	. ROTHSCHI	ED MAJOR 3	22e, ADDR		H ARMY HOSP F	י שתראשת יו	(T)
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VR A15 (4)	24	OPPING FINERAL	-i //	. ADDRESS /	-	MAR 2 8	STRAR 256 REGISTRAR S	SIGNATURE	-AIRIT
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exe	ony ony	14. FATHER'S NAME First	Middle	Lost	15 MOTHER'S MAIDEN NA	ME First M	ddle	Lost
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fificote	hysicia n pleas vol, on	160 WAS DECEASED EVER IN Yes, no. or unknown)	J.S. ARMED FORCES? yes give war or dates of service)	166 SOCIAL SECURITY NO 5 79 -68 -0 30 7	17 INFORMANT Eugene Earle	4, 13313 Clifft	on Rd.	ting, Md
Ser .	E E	18 CAUSE OF DEATH	inter on y one cause per l	-1				TE INTERVAL
so th	ndir iit.	PART I. DEATH WAS	CAUSED BY: IMMEDIATE CAUSE (6)	Kenal Le	luce		3/9/	69 to
a de	afte serm an, (4 X 7 V	* '	AS A CONSEQUENCE OF	. 111.	4 .	7/1	7 200
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The low requires the attending physician.	erificate has been sed for use as the been of Health prior to be	3 /1/2	unate-1	eart their	2	CA -0 -0 -00 - 2 -	recelle s	
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	e he he he	190 DATE OF OPERAT ON 210. ACCIDENT WAS UNI	DEDIVING TOU THE O	r autopy le		, r)XI		
HYSICIAN: hospital or	for		E DE DEATH HOUR A.M.	Month Day Year	Ic. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or	Port 2, Item 18.)	
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PHYSICIAN: e hospital or	his cer stache Dept.	While Mot whe	Zie. PLACE OF INJURT	OFFICE BUILDING ETC	If LOCATION Street or RFD	No. City or Town	(aunty	Stote
	Viter this be deta State D	of work of work	(I) (this hospital) att	andaditha dasacad fran		Obj to March	5 10 67 that 1	13. June 3. 1 = 14
9 9	After d be le Star	saw the decea	sed alive an 200	1967	, and that in (my) (our)	9.07, ta_/WAG opinian death accurred an	the date and hour o	nd from the
TE Sine	shoul in the	causes stated	abave, (I) (we) (did)	(did nat) view the bady a	fter death.			
OR ATTENDING be retoined by #	DIRECTOR: /	22b SIGNATURE	11 14	f	ATTENDING -CA	MED STAFF	22c. DATE SIGNED	/
	ege /	122d PHYSICIANS	stara /	Timber	DEGREE PHYS JEST	DIRECTOR PHYS.	3/25/	69
TO HOSPITAL Page 4 moy b	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	NAME (Type)	tillard F.	Smith	22e ADDRESS	Shady Side , 1	Mary land	
H 9	FU	230 BURIAL, CREMATION,	23b DATE	23c NAME OF CEMETER		Owensuille,	n) (Cgunty)	(Stote)
2	5 p a	REMOVAL (Specify)	March 28,19			Owensville,		
	VR A15 (4) 45M 1/69	24 FUNERAL DIRECTOR Warner E. Più	montey. Inc.	8434 AGEStaia	Avenue 250. REC		STRARS SIGNATURE	.40



MARYLAND STATE DEPARTMENT OF HEALTH TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03292 CERTIFICATE OF DEATH and 2 death. dezth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ages 1 after MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give mearest town) 6-2 IMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO. Within ē 3. NAME DE First Month Middle DATE Day Last Year DECEASED OF event, (Type or print) DEATH 196 executed 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS remove DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED last birthday) Months in any Days Hours and WIDOWED K DIVORCED physician and physician please rival, and in 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) COUNTRY? e m work 000 or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attend the burial-transit permit. or to burial, cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last, TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health pric (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [NO D PHYSICH 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 1) of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) Hour a.m. While Not While O HOSPITAL OR ATTENDING Page 4 may be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from 196 that (I) (we) last saw the deceased alive and that death occurred at IED M, from the causes and on the date stated above. DATE SIGNED 22a SIGNATURE 22b. ATTENDING STAFF M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) BURIAL, GREMATION, THEREOI NAME OF **GEMETERY OR CREMATORY** 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) M114 nore REC'D BY REGIS AEGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR A15 (4) 15M 4-64

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Ī	T	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	ly ane ca	ruse per line far (a), (b),	and (c))			APP	PROXIMATE INTERVAL EEN OHSET AND DEATH
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							CONDITION GIVEN IN PART 1(0)		
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П	3		CONDITIO	N FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b IF YES, WERE FIND	INGS CONSIDERED	IN CERTIFYING
	~ [None -				YES HO			
		TO ACCIDENT WAS UNDERLYST OF CONTRIBUTING CAUSE OF DEA		b. TIME OF INJURY DUR A.M. Manth Doy	Year 21c. H	OW INJURY OCCURRED (Ent	ter nature of injury in Port I or P	ort 2, Item 18.)	
	ă L	If either, notify medical exam	ner)	P.M.	19				
						OCATION Street or R.F.D N		County	State
		22a. I certify that (1) (H	X Yospi	attended the d	eceased from [V]	arch 15, 19	69_, to_F.arch 3 pinion death occurred on th	U1969 , 11	hat (I) (We) last
		saw the deceased of causes stated above	iiive an. e. (i) ⊀≪	e) rdid k(did not) vie	w the bady after	a mat in (my) (260%) of death.	pinion death accurred on ti	ne date and ho	our and tram the
, [1	22b SIGNATURE	7	A TOTAL TOTAL	inc bady arter			22c DATE SIGNED	
		Charl	ell	Line	DEGI	REE PHYS ***	MED STAFF DIRECTOR PHYS	Mar 30	
		22d. PHYSICIAN'S NAME(Type)Charl	es l	W. Kinzer	, M. D.	22e. ADDRESS	y Av., Annap		
		BUR AL REMATION 236 REMOVAL (Specify)			Me of CEMETERY OF	-	23d ASPARTON (City or Town		(State)
- 1		UMERAL DIRECTOR,	7	10/3	DDRESS D	2So. RFC D	BY REGISTRAR 256 REGIS	TRARS SIGNATURE	pur
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-	E			D STATE DEPARTMENT OF		
		0000		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
-		03297		ERTIFICATE OF DEATH		03294
= 2=	1. D	ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
24 hours after death set in by the funeral foets. Poges I and 172 hours after deoth	Ľ	Type or protes	Roben	4/11	Month 3	Yeor You NO am
fun fun	3. 5		4. RACE	5 PATE OF BIRTH	6 AGE (In years	IF UNDER I YEAR F JINDER 24 HRS
aft des	1	F	(4)	1-24-	lost birthday)	MONTHS DAYS HOURS MIN
urs urs	70	BIRTHPLACE (State or foreign 7b	CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	
pq Lugger		ntry)		MARRIED NEVER-MARRIED	1 COUNTY OF DEATH	1
24 24 dipe	10	CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED	HAME HEUNDE	Md
IAN: The law requires that the death cetti cate be executed within 24 hours after death. all or ottending physicion. It is to be seen signed by the attending physic an and completely filled in by the funeral for use as the buriol-transit permit. Then please remove corbon papers—Poges I and 2 Health prior to buriol, cremotion, or removal, and in ony event, within 72 hours after death.	ľz	I DE DEMINI	give street address) No P		A. OCCUPATION (Kind of work done dot of working life, even if retired.)	
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ic all		WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b SOC AL SECURITY I	10 17 INFORMANT	Address	21228
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eo just	E	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		r nature of injury in Part I ar Part 2,	, Item 18.)
E 是是	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	HOUR A.M Manth Doy Year P.M. 19			
YSI osp ceri ceri	MET	21d INJURY OCCURRED 21e PLA	CE OF INTURY AT HOME, FARM, STREET, FAC	TORY, 21f LOCATION Street or R.F.D No	City or Town	County State
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OR ATTENDING PHYSICIAN: The law requires that the deofere to include by the hospital or ottending physicion. DIRECTOR: After this certificate hos been signed by the attending a 3 should be detached for use as the buriol-transit permit. ed with the State Dept. of Health prior to buriol, cremation, or recognitions.	1	at walk at work	aspital) attended the decores	d fram	ta 1	0 46-4/11/1
Aft Person		saw the deceased alive	aspital) attended the decease	a tram, and that in (my) (aur) ap	, ta, 10	9, that (I) (we) last
TEN Serine The		causes stated above, (1)	(we) (did) (did nat) view the l	pady after death.	milan dedir accorred an me a	iare and man and main me
TA SE SE		22b SIGNATURE	1-11-		220	DATE/SIGNED
OR OR Sed v		1/20 34	I. (1.10) VI	ATTENDING TO	AED STAFF DIRECTOR PHYS.	2/2/67
A A A A A A A A A A A A A A A A A A A	1	22d. PHYSICIAN'S	/ (IDDI)	220 ADDRESS		/22 / 2
PIT me		NAME (Type) JAC	K I. STERN	425 Rit	chie Hwy. SE,	Glen Burnie
O HOSPITAL OR ATTENDING PHYSICI Poge 4 may be retoined by the hospiti O FUNERAL DIRECTOR: After this certifi director, page 3 should be detoched should be filed with the State Dept. of	23a	BUR AL CREMATION, 23b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
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Λ.	24	FUNERAL D RECTOR	ADDRESS	1110		S, SIGNATURE
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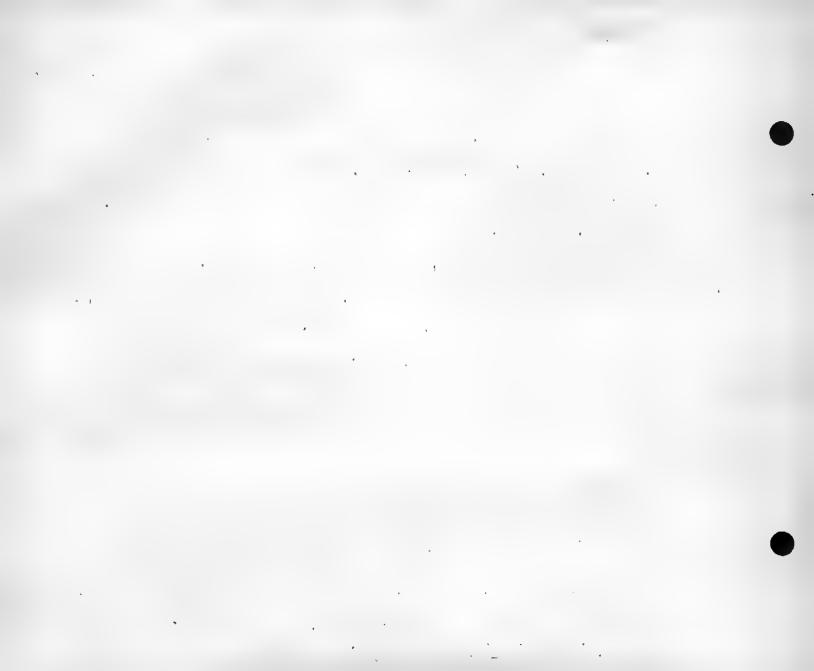
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rt the death ce the attending ist permit. Th matian, ar rem		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATED IMMEDIATED IN THE PART OF THE PART	y one couse per line fer (o), (b), and (c)	atry av	in tunus	i in part 1(o)	APPROX.M BETWEEN ON	AATE INTERVAL SET AND DEATH
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PHYSICIAN: ne haspital a his certificate efached far Dept. af Hea	MEDICAL C	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [If either, notify medical second while Not while Not while I work of work	HOUR A.M. Manth Day Year er) P.M. 1		or R.F.D. No City	or Town	(ounty	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. at Health priar ta burial, cre-		22a. I certify that (1) (this saw the deceased ou	s hospital) attended the deceas	19 and that in (my) bady after death.	7_, 19, ta_	STAFF 22c	ote and hour of	(I) (we) last and from the
SPITAL OF 4 may be NERAL DIR far, page		22d PHYS CLANS NAME (Tipe)	J.B. RAMI	DEGREE PHYS. 22e ADORI 22e ADORI	55 Mupe	tal Driv	- 17/0	Buin
To Ho Page To Fur direct show	·L		/17/69 Meadou	cemetery or crematory oridge Memori	al Pk. Elkr			(Stote)
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR PARTY Singleton Fune	fluor ADDRESS eral Home/Glen Bu		ESG. RECD BY REGISTRAR DATEMAR 1 7 19	25b REGISTRAR	S SIGNATURE	122.



_ 1 I			AND STATE DEPARTMENT OF		
	03299	DIAISION OF ALLYE KECOKE	S, 301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH	TIMURE, MARYLAND 21201	9.0
1		rst Middle	For lost Oo)	20. DATE OF DEATH 3-22 Sonth Doy	Yeor 2b HOUR
3	SEX ,	4. RACE	S. DATE OF BIRTH	6 AGE (In years	F JNDER YEAR IF UNDER 24 HRS. NONTHS DAYS HOURS MIN
	o. BIRTHPEACE (State or foreign country) Md	76 C TIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	Md
*	o city or town of death	11 NAME OF HOSPITAL OR give street address)	Marcos Hanning n	UAL OCCUPATION (Kind of work done nast af working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
0	idmission) STATE	eased lived, if institution. Residence before 13b COUNTY A.A.	AR 🗆 V	10 1 8449 Horde	or Od. Ber
	4. FATHER S NAME First Jo]		Adelia	First Middle	lost
	Yes, me or unknown) (If you a	WAR D FORCES? ve wer or dotes of service)	YNO. 17 INFORMANT Femily	Address Crofton	Md
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10022		CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR PERFORMED 2Da AUTOPSY?	200 IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
	19a. DATE OF OPERATION	EATH HOUR A.M. Month Doy Ye		er nature of injury in Part 1 or Part 2, Ite	m IB.)
	While Not while of wark	IE. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC	FACTORY.) 21f. LOCATION Street or RFD No.	City or Tawn	County State
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,	226 SIGNATURE CONTROL OF THE CONTROL	HP. Halu	DEGREE PHYS	MED STAFF 22c DA	TE SIGNED -22-69,
	22d. PHYSICIAN'S NAME (Type) Rol	pert R. HAH	HN P.D. BC	X73 Severno	over &
Ĺ	REMOVAL (Specify)	3/25/69 St I	of cemetery or crematory Saul Com		(County) (State)
Atstract	of funeral director	4 v37 fatages	ac ave DATE MAR	BY REGISTRAP 1969 256 REGISTRAR'S SI	es Judge ?

1 4	93300	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA ERTIFICATE OF DEATH		ATC
	ASED NAME First	Middle	Lost	2a DATE OF DEATH	03297
	e ar onnt)			Manth D	lay Year
0.054	ELSA	WALBERG	GAYLORD	MARCH 17	1969 DAOOAM
3. SEX	Marilla of A and Arth	4 RACE	S DATE OF BIRTH	6 AGE (in years last birthday) 74 75 YRS	MONTHS DAYS HOURS MIN.
	FEMALE	CAUCASION	1 MAY 18	94 74.75=YRS	
Za BIR'		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	TITITINGTS	U.S.	WIDOWED DIVORCED	ANNE ARUNDEL	Md.
	OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120 U	SUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
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13a US	UAL RESIDENCE (Where decease	d lived, if institution. Residence before	13c CITY OR TOWN 13d. INSIDE CIT		
M	ARYLAND	ALNE ARUNDEL	EDGEWATER YES	NO X 116 STEWART	DR. EDGEWATER
14. FATI	HER S NAME First	Mrddle Last	15. MOTHER'S MAIDEN NAMI	E First Middle	Last
		YOUNGREN		NOT KNOWN	
	AS DECEASED EVER IN U.S. ARM na, ar unknown) (If yes give wo	ED FORCES? 16b. SOCIAL SECURITY N	IO. 17 INFORMANT	Address	
163,	iid, di dikiid wiii)	723 14 73	O SAME AS 13	ALBERT E. GAYLORD	
18	. CAUSE OF DEATH (Enter on.	y one cause per line far (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
11	PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), and (c) BY: MYOCARDIAL	INFARCTION		10-14 days
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	inditions, if any, which gave	(b) CORONARY A	RTERIOSCLEROSIS		
nis st	se to immediate cause (a), (ating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
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P	ART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO			
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WEDICAL 2	OR CONTRIBUTING CAUSE OF OEATH	HOUR A.M. Manth Day Year er) P.M. 19			
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W of	thile Nat while wark	OFFICE BUILDING, ETC.	1		
2:	20. I certify that (I) (thi	s hospitol) ottended the decease	ed from, 19	9, to, 1	9, that (I) (we) last
	saw the deceased al	ive onl ,(I) (we) (did) (did not) view the	9, and that in (my) (aur) o	apinian death occurred on the	dote and hour ond from the
		, (I) (we) (did) (did not) view the	body offer death.		
22	b SIGNATURE	with trans-	ATTENDING	MED - STAFF rom	c. DATE SIGNED
	1/16/20	ar of the	DEGREE PHYS.	DIRECTOR PHYS.	17 MAR 69
22	d. PHYSICIAN'S NAME (Type)	TOTAL TOTAL	22e. ADDRESS		
	17.0 17.0	FORNES, LCDR MC U		OSPITAL, ANNAPOLI	
230 B	URIAL, CREMATION, 23b [4 4.	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
			ford Cemetery	Pittsford Me	onroe N.Y.
	PEP 1640E. Hopp		MA DATE A	R 2 4 1969 25b. REGISTRAN	RS SIGNATURE
HOF	PING FUNERAL	HOME - Annapolis,	Md. DATE	11 10 2 1000	0 0

MAKTLAND STATE DEPAKTMENT OF HEALTH



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ľ). St/	Male			Thite		S DATE OF BI		92 6. AGE last b	(In years withday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
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ľ	COUN	Md.	"	X U. S		WIDOWED [SCED X	.A.A.	Co.		Md.
Ī		TY OR TOWN OF DEATH		111 N/	AME OF HOSPITAL OR	,		120 USUAL OC	CUPATION (Kind of	work done	12b. KIND OF INDUSTRY	BUSINESS OR
		asadena			•	Arundal		Incline	f working life, eve		C	ity Trp.
1	130. Idm is	JSUAL RESIDENCE (Where dision) STATE		lived, if institut. 13b. COUNTY				YES NO V	Rt. 2			
Ŀ		ATHER'S NAME First	1.	Middle	A. A. C	o Pasa			Rt. 2	Middle	T / NOCK	view Boh
ľ	14 F		n n al	Middle			MOINER 2 W	AIDEN NAME First		widdle.		lost
1	16a	Cons Was deceased ever in U.S.		FORCES?	Greef 16b SOCIAL SECURIT		NFORMANT	largie Lanaderi	a, '!d. 2	1 Apropess		Owens
		s, no, ar unknawn) (III yes	disa mat at	dates of service)	217-01-			Great J:		7 Box	279 A F	orest
F	7	18 CAUSE OF DEATH (Ent	er anly a	ine couse per lir					,'.		APPROXI.	IMATE INTERVAL DINSET AND DEATH
1		PART DEATH WAS C.	AUSED BY	Y CAUSE (a)	misca	/	1 -1:	n for u	Your		BU WEN U	AND DEATH
ı		4109	MEDIATE	1 /	S A CONSEQUENCE O		7	6	, /			
П	-	Canditions, if any, which g	ave)		Efecce 2		Ei -	wart	dest	age	2. 6	spear su
ł		rise to immediate couse stoting the underlying co			S A CONSEQUENCE C						17	
ı		last.	<u></u>)	(c)								
		PART 2. OTHER SIGNIFICANT	T CONDIT	IONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO	THE TERMINA	E DISEASE OR CONDI	TION GIVEN IN PAR	J 1(a)		
	N	19a. DATE OF OPERATION	10h CC1	IDITION FOR YOU	ICH ODEDATION WAS	DEDLODMED	00- 11190	0000	LOOK IF MEC 1446	Dr. Chilbraice	CONCIDENT D. IN. C	TRITITYING
	CERTIFICAT ON	IYO, DATE UP UPEKATION	IYD. CON	IDITION FOR WH	ICH OPERATION WAS	PERFURMED	20a. AUTO		CAUSES OF DEA		CONSIDERED IN C	EKIITYING
		21g ACCIDENT WAS UNDER	REYING	215. TIME OF	INSURY	21, 40	1	URRED (Enter natu	ice of injury in Don	t 1 or Port 2	Item 181	
	3	OR CONTRIBUTING CAUSE O	F DEATH	HOUR A.M.	Month Day Ye	no	THE HOURT OLD	ALVER SERVE HOLD	ne or utlank in con	i i di roll 1,	10.)	
	9	If either, notify medical et 21d. INJURY OCCURRED			AT HOME FARM STREET, OFFICE BUILDING, ETC.	FACTORY) 21F LO	CATION Street	et ar R.F.D. Na.	City or Town		County	State
		While Not white at wark			OFFICE BUILDING, ETC.		/	/	1 3/	-	10	
		22a. I certify that (I)	(th is-	hospital) atte	ended the decec	ised fram	3/11	1 , 1960/	, to _1/		that	t (I) (we) last
١		saw the decease	ed alive	е ап	214	_19 <i>625</i> , and	that in (m	y) (o u r) apiniar	n death accurre	d an the d	ate and haur	and from the
		22b SIGNATURE	oave, (I	(we) (sed)	(ald fill) view in	e bady after (220	DATE SJØNED /	
		7.17	7.10	e Lac	eghter	J. 17. 800	EE PHYS.	NG MED DIRECT	OR STAFF		3/1/6	9
		22d. PHYSICIAN'S) 41 -	hall	7	11.	22e. ADD		1		15	and a
		NAME (Type)	147	11116.	Latery	1/111	37	X Min	na tel as	whit.	Miste	2º ans
1	23a		23b. DAT		23c NAME C	F CEMETERY OR	CREMATORY	230	d. LOCATION (City)	or Town)	(County)	(State)
	04	REMOVAL (Specify)	3/:	10/69			Cem.		Palto 11		r cicultunt	
	24. 1	UNERAL DIRECTOR	· ·		ADDRE			1 8/1/2/195	GISTRAR 1969	REGISTRAR'S	S SIGNATURE	del
1	1 6	101 11 541 1773	/ Pn	tansco	WITE Roll	A WA	27 225	DATE IVICATA		11	//	U

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1/	03302	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		03299
	ECEASED-NAME First	Marie GRAVES	Lost	20. DATE OF DEATH March Month 24	Day 1969ar 10:32A
3 5	Female	4. RACE Negro.	S DATE OF BIRTH January 27 1	8 AGE (In years last birthday)	IF UNDER 1 YEAR F JNOER 24 HRS MONTHS DAYS HOURS MIN
70	BIRTHPLACE (State or foreign intry Mary Land	'b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED DOWNER	9. COUNTY OF DEATH Anne Arundel	Md
	CITY OR TOWN OF DEATH Annapolis		STITUTION (finot in haspitol 12a USU 47085	AL OCCLPATION (Kind of work do	ne 126 KIND OF BUSINESS OR INDUSTRY
adm	ssio Mary and	lived, if institut an. Residence before	Anaapolis YES X N		eet
	FATHER'S NAME FIRST	Middle Buttle	N Tache	Middle & Middle	und last
160	7.40	or dates al service)	Charles 11	raves-ang	a. Md-
72000	PART I. DEATH WAS CAUSED IMMEDIAT Cond I ans, if any, which gave rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) TIONS CONTRIBUTING TO DEATH BUT N	DT RELATED TO THE TERMINAL DISEASE OR		APPEXXAME INTERVAL BETWEEN OWST AND CLAIM 12 Years
CERTIFICATION	None	NDITION FOR WHICH OPERATION WAS PE	YES NO C	CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
MEDICAL CE	21g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (If eather, notify medical exomine	HOUR A.M. Manth Day Year P.M.			2, Item (B.)
\$	at work of work		TORY.) 21f LOCATION Street or R.F.D. No.		Caunty Stote
	22a. I certify that (I) (this saw the deceased alive causes stated above,	hospital) attended the decease re an March 23, (I) (wexidid) (did not) view the	ed from Aug. 3	5 , to March 24 , inian death accurred on the	19 <u>69</u> , that (I) (we) last date and haur and from the
	226 SIGNATURE Charles	Esthingen	DEGREE ATTENDING DEGREE PHYS		March 24, 1969
	22d. PHYSICIAN'S NAME (Type) Charles	W. Kinzer, M. D.	22e. ADDRESS 16 Murray	Ave., Annapolis	, Md. 21401
23a	BLRIAL CREMAT ON, 23b DA REMOVALISDECITO THE ERAL DIRECTOR	27/69 RENAME DE CADDRESS	25a RECD E	23d OCATION (City or Town) Y REGISTRAR 25b REGISTRA 25c REGISTRA	(County) (State) ARS SIGNATURE





				ND STATE DEPARTMENT O		
1 5.		00001	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	03300
17		03304		CERTIFICATE OF DEAT	H	03300
- 7.5	1 0	CEASED-NAME First	Middle	Lost	20 DATE OF DEATH	2b HOUR
to APO	(1	ype or print)	J.	Greffe	3 Month 28 Day	69 Yeor 6 p. M
p 9 0 5	3 SE	Howard	14 RACE	S. DATE OF BIRTH	6. AGE (In years	of the state of th
s after	3 35	Male	White	5-5-19	lost birthdoy) 49 YRS	MONTHS DAYS HOURS MIN
2 yd	7a, [SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
in 24 ho illed in papers. hin 72 h	cont	New Jersey	U.S.A.	WIDOWED DIVORCED	Anne Arundel	Md.
within 24 haurs ly filled in by toon papers. Pa	10. 0	ITY OR TOWN OF DEATH	give street address)	NSTITUTION (If not in hospital 120 durin	LSJAL D(CUPATION (Kind of work done or most of working life, even if retired.)	12b KIND OF BUSINESS OR INDUSTRY Air Traffic
ed within pletely farbon carbon ent, with	130	Glen Burnie	ed lived, finstitution: Residence before		CITY LIM TS? 13e. STREET AND NUMBER	MIL LEGITIC
e executed and cample remave corremant		ssion) STATE	13b. COUNTY A.A. CO.	Gen Burnie VES□	NO 7822 Overhill	rd.
e exe	14.	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAI	ME First Middle	Last
2		Joseph A.	Greffe	Mary	V. Ringliev	
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ined by the haspital ar attending physician. OR: After this certificate has been signed by the attending physician and campletely filled in by the funactional be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and the State Dept. of Medium to burial, cremation, ar removal, and in any event, within 72 hours after death.		WAS DECEASED EVER IN U.S. ARA	MED FORCES? A 1 16b SOCIAL SECURITY 145-09-1		Greffe- Wife Address	
ing printed Then		- V C O - 1 W/W -	ly one couse per line far (o), (b), and (-11		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
£ \$1.5		PART DEATH WAS CAUSED	D BY OCT A L	& Mysia	rdi and	DETAREN ON ST. ARED DEATH
he death attendi permit.		1. 100 IMMEDIA	ATE CAUSE (o)		1	
p a d		Conditions, if only, which gove	DUE TO, OR AS A CONSEQUENCE O	1 wharet	antero-tel	ale.
the the mati		rise to immediate cause (o),	(b)	4 V		7
es that t sician. ed by the al-transit		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	Luchary	edema	
equires † physicia signed k burial-fr burial, ci		PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART I(0)	
w r ding een the rr ta	NO					
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. af Mealth priar ta burial, crea	CERTIFICATION	196 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS I		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ar are eath		21a ACCIDENT WAS UNDERLYIN			(Enter nature of injury in Port 1 or Port 2,	(tem 18.)
YSICIAN: aspital ar certificate thed far u	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical exomit		or 19		
DING PHYSICL by the haspite After this certifi be detached f State Dept. af	MEC	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET I). No. City or Town	County State
this hard		While Not while at work	OFFICE BUILDING, ETC.	1 100	a la alca	
by if ther if ther if the distance of the dist			is hispital) oftended the decea	sed from 3/10/67	19 ta 3/20/6.19	, that (1) (we) lost
DING d by t After d be c		sow the deseased o	live/ an 1 C a / U /	_17, and that in (my) (our)	opinion death occurred on the de	
out the	1	causes stated above	e, (/) (we) (did) (did hot) view thi	e body after deoth.		
		226. SIGNATURE		ATTENDING >	MED STAFF	DATE SIGNED 1
OR DE S		MIV ~	/	DEGREE PHYS.	MED STAFF DIRECTOR PHYS	3/28/67
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN NAME TYPE) B Clamiter	22e. ADDRESS 3	25thyptol Bau	Jan 20 Trad
OSI JNE JNE	230	BURIAL, CREMATION, 28b	DATE 123c NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Pag Faib ods		REMOVAL (Specify)			Boonton, Ne	
7 2	74		1/69 St M	ary Cemetery 250 RE	C'D BY REGISTRAR 25b. REGISTRAR	
VR A15 (4) 30M REV, 1/68	Si	ngleton Funer	al Home/Glen Bu	rnie, Maryland DATE A		
VISITI N. 74 17 00		Robert P. Ware	2	DATE	PR 1 1969 🔧	sacata and the



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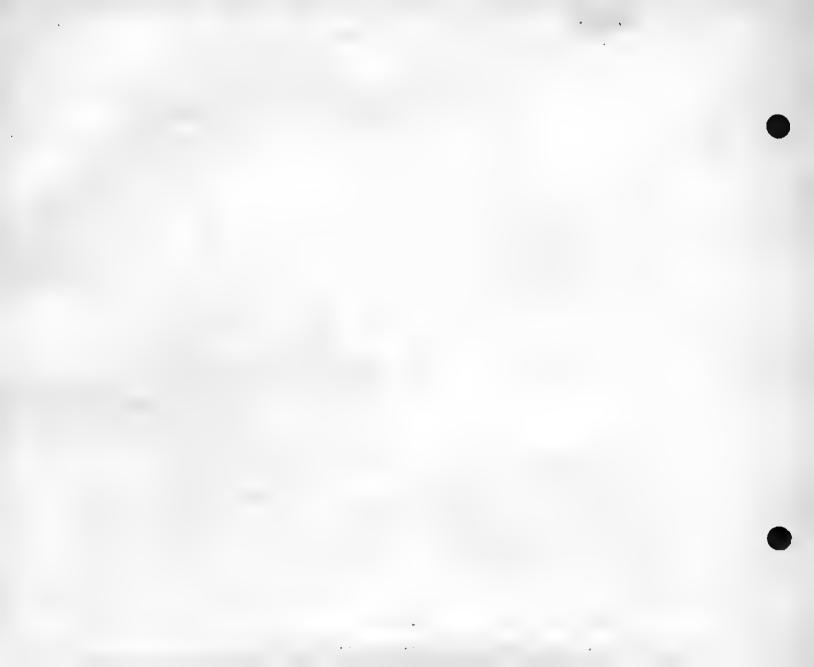
			DIVISION OF VITAL RECORDS	. 301 W. PRESTON STR		ARYLAND 21201	
	L	03306		CERTIFICATE OF I		THE STATE	03302
leath. eral and 2 leath.	1. D	ECEASED NAME First Type or print) EME	Middle	Last	20. DATE	OF DEATH Doy	Yeor 25. HOUR
A haurs after death. I in by the funeral sers. Pages I and 2 72 hours after death.	3 S		A RACE Gau	5 DATE OF BIR	-1885	6 AGE (In years last buthday)	15 UNDER YEAR 15 UNDER 24 MRS MONTHS DAYS HOURS MIN
illed in by papers. Phour	7o (0)	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY? LL S.A.	8 MARRIED NEVER MARR WIDOWED DIVORC	RIED 9. COUNTY		Md
ed withm	10.	TILY OR TOWN OF DEATH	11 NAME OF HOSPITA. OR II	NSTITUTION (If not in hospital		ON (Kind of work done no life even if retired)	126. KIND OF BUSINESS OR INDUSTRY
ecuted within 24 campletely filled give carbon page y event, within 7	13o o om	USUAL RESIDENCE (Where deceasission) STATE	ed tyed if institution. Residence before 13b COUNTY	1 / 1	3d. INSIDE CITY E MITS? 13e. YES NO	STREET AND NUMBER	9 AUE.
be execut n and cam; se remave d in any ev	14	ATHER'S NAME FIRST	Middle Last	F. G 15 MOTHER'S MAI		Widdle V	Lost
ertificate b physician en please aval, and i	160	WAS DECEASED EVER IN U.S. ARA es, no. or unknown) (II yes give w	AED FORCESY or or dates of service) 214-22-3	NO 17 INFORMANT	les HA,	99 (Son)
at the death c the attending nsit permit. The mation, or rem		PART I. DEATH WAS CAUSEI	DUE TO, OR AS A CONSEQUENCE OF	cardiel 1	Inforct	in	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FUCKLOST VOCATO >
N: The law requires the or attending physician. The has been signed by ruse as the bunal-tranself pnar to bunal, cresective.	NO	PART 2 OTHER SIGNIFICANT COM	(c)		DISEASE OR CONDITION GI	YEN IN PART 1(o)	
The far attend has by see as the prior	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200. AUTOP:		IF YES, WERE FINDINGS CO SES OF DEATH?	NSIDERED IN CERTIFYING
PHYSICIAN: The law rate has been this certificate has been letached far use as the Bept of Health prior to	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	HOUR A.M. Month Doy Yeoler) P.M.	9		Jury in Port 1 or Port 2, It	em 18.)
G PHY the ha this cr detach te Dept	*	While Not while at work	(or cr burtains, ric	ACTORY, 21f LOCATION Street	***	ty or Town	County State
FO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept of Health priar tail		saw the deceased al	s haspital) attended the deceasive an 3/7-62-7, (I) (we) (did) (did not) view the	19 and that in (my)) (aur) apinian death		e and haur and fram the
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should Should be filed with the		224 PHYSICIANIS	IJ. Ster	DEGREE PHYS 22e, ADDRE		STAFF 222c D	ATE BIGNED /69
OSPITA OSPITA UNERA Incider, p	230	DIIDIA (DESIATION 225 I	CK I. ŠTERN, M.	CEMETERY OR CREMATORY	425 RITO	HIE HIGHW NIE MARY	LAND
10 P og of pring direction of the pring of t		TENOVA ISperify) FUNERAL DIRECTOR	1/22 BON	HAVEN MEMORI	REC'D BY REGISTRAR	25b. REGISTRAR'S S	(County) (Stote)
VR AIS VA		Singleton fre	theral forme I			1969 gclo	les Indge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03307 04847 CERTIFICATE OF DEATH Middle 26. HOUR . DECEASED-NAME First Lost 20. DATE OF DEATH he law requires that the death certificate/be executed within 24 haurs after death. **B** (Type or print) TWIN HALL Month 27 NOT NAMED MARCH 7:00 3 SEX RACE S. DATE OF BIRTH OF UNDER 1 YEAR E UNDER 24 HRS 6. AGE (In years lost birthooy) March 27, 1969 Male White 70 BIRTHPLACE (Stote of foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED County land USA Anne Arundel DIVORCED | WIDOWED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital and in any event, within 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDLSTRY A Fort Geo G. Meade 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Mary Land 4701 Sommerset Road YES 🔀 Riverdale 14 FATHER'S NAME Middle 1S. MOTHER'S MAJDEN NAME First Middle First Saunier Hall. Laura Ronald Lee Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) Ronald L. Hall, 4701 Sommerset Rd, Riverdale, Md or remayal, None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH signed by the attendir burial-transit permit. 3 hr.36 min IMMEDIATE CAUSE (0) Prematurity burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? N/A YES 🔲 NO (20) 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, frem 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Yeor 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a, I certify that (\$\foatharman{1}{27}\$ (this haspital) attended the deceased from 27 Mar, 19 69, to 27 Mar, 19 69, that (\$\foatharman{1}{27}\$) (we) lost saw the deceased glive an 27 Mar, 19 69, and that in (\$\foatharman{1}{27}\$) (aur) apinion death occurred on the date and haur and from the causes stated above, (\$\foatharman{1}{2}\$ (we) (did) (\$\foatharman{1}{2}\$) (we) the body after death. 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS 27 Mar 1969 DEGREE 22e ADDRESS U.S.KIMBROUGH ARMY HOSP, FT MEADE, MD SPOLTER, CPT, MC HERBERT NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify)
Cremation ne Arundel FT GEO G MEADE, MD USKIMBROUGH ARMY HOSP 8 Apr 1969 250 REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE **ADDRESS** 24'1 FUNERAL DIRECTOR ARR I O Milanes 4 MISC



_	1	00000		KILAND SIAIE D			
		03308				IMORE, MARYLAND 21201	
	It	em8 FilmGli10 3	/27/69 kk	CERTIFICA	TE OF DEATH		03303
₹ . - 24		CEASED NAME C First	/ Mic	ddle C	Last	Zo. DATE OF DEATH	2b. HOUR
functal	į į	(ype or print)	iam	8	MPPIS	Mogth	Day 1969 3 300 M
= 2	3. 5	X	4 RACE	S	DATE OF BIRTH	6. AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS.
S # S	1	11/h/e	MORRO		8/20/18	lost highday) YR	MONTHS DAYS HOURS MIN
\$ \$ \frac{1}{2}	70	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED [NEVER MARRIED	9. COUNTY OF DEATH	
hers, in the	600	Intrown	21.5.	WIDOWED #		Anne ARW	udel (B. Md
n 24 Illed pap	10	ITY OR TOWN OF DEATH		ITAL OR INSTITUTION (if not	in hospital 12a. USU	AL OCCUPATION (Kind of work dor	18 126 KIND OF BUSINESS OR
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, stained by the haspital ar attending physician. GOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral should be detached far use as the burial-transit permit. Then phease rearban papers Pages, and 2 should be detached far use as the burial, cremation, ar removal, and in any event, within 72 haur after death ith the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 haur after death		len Rucnie,	give street addres		Sim done	ast of working life, even if retired	INDUSTRY /
arb etel	13o	USUAL RES DENCE (Where decease					
ecuted compl ave c	947	usion) STATE //c M	13b. COUNTY	10-	YES N	OD Claknow	מנוי
T CO I CO I UNY I UNI I	14.	ATHER S NAME First	Middle	Last 15_1	MOTHER'S MAIDEN NAME I		
oe exand		2006	3010.076		Rop Uhm	Williams	****
a Spinion to	16a	WAS DECEASED EVER IN U.S. AR	NED FORCES? 166 SOCIAL	SECURITY NO 12 THE	ORMANIL	Address	7
physician presse	1	es, no, or unknown) At yes give y	var or dates of service)	22/42/	· Jane	· YOur TA	Han Nuch Show
THE PERSON NAMED IN COLUMN TWO	F	18. CAUSE OF DEATH (Enter on		and (a)	11	. //	APPROXIMATE INTERVAL
ne death cer attending p permit. The		PART I. DEATH WAS CAUSE	D BY.	(i), did (i)	7/ /		BETWEEN ONSET AND OEATH
dea frmit r, ar		/ / IMMEDI.	ATE CAUSE (a)	wax N	amount a	grann.	- Langue College
e al		Conditions, if any, which gave	DUE TO, OR AS A CONSEC	OUENCE OF	x - 1/2	& Mari	7 /
the factor of th		nse to immed ofe cause (a), ((D)	LEADE SECT	and file	4. Junearo	aresesur
equires that the physician. signed by the burial-transit purial, crematic		stating the underlying couse lost.	DUE TO, OR AS A CONSEC	ICENCE OF			
nysie ynec rrial		PART 2. OTHER SIGNIFICANT CO	(t)	ATH D IT MOT DELATED TO I	THE TERMINAL DISEASE OF	CONDITION CHIEN IN DADT 1/-1	
requestion signatures		PART 2. OTBER SIGNIFICANT CO.	NUMBER OF STREET	RIB BOT BOT KETATED TO I	HE TERMINAL D SEASE ON	CONDITION SITEM IN PART IQUI	
The law requires the attending physician, has been signed by se as the burial-traith priar ta burial, cre	NO.	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATE	ON WAS DEDECTOMED	20a. AUTOPSY?	JOHN TE VEC WEDE FINDING	S CONSIDERED IN CERTIFYING
as the last of the	3	170. DATE OF OPERATION 170	CONDITION FOR MISTER OF EXAM	ON WAS FENT OWNED	YES NO	CAUSES OF DEATHS	S CONSIDERED IN CERTIFYING
ar a ar a ar a branch ar a bra	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJURY	1414 HUM		I or noture of injury in Part I or Port	7 Hom 181
d call call far far Her		OR CONTRIBUTING CAUSE OF DEA'	TH HOUR A.M. Month D	lay Year	MOOK! OCCORNED (Elle	a noisie of injury in run i of ross	2, 11007 10.)
OR ATTENDING PHYSICIAN: " be retained by the haspital ar DIRECTOR: After this certificate se 3 shauld be detached far us ed with the State Dept. af Healt	MEDICAL	(If either, natify medical exami 21d. INJURY OCCURRED 21e.		N STORET FACTORY V OLD LOCA	TION Chant at D.F.D. Mc	L City or Yown	County State
PHY s ho nis c tack		While Not while at work	OFFICE BUILD	M STREET FACTORY) 211 LOCA	HIOM Steel of K.F D NG	L CITY OF TOWN	CODISTÁ Sagle
1 4 4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		at work at work	in hamatautt assaud alama	danaad from C	100	3. to 3/19	1967, that (I) (we) last
Affe Stock		220. I certify that (I) (the saw the deceased of	live on 3	1969 ond	that in (my) (our) on	inian death accurred on the	dote and hour ond from the
the the		causes stated above	e, (1) (we) (did) (did nat) v	view the body after de	ath.		1
A S S S S S		22b. SIGNATURE	1/1/-		ATTENDING PT	MED C STAFF C	2c. DATE SIGNED
OR De r		Recliend,	HIHELLE	DEGREE	PHAZ [DIRECTOR PHYS .	3/18/69
A de		22d. PHYSICIAN S	1.11/1	/	22e. ADDRESS	1. Go	the March
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bydirectar, page 3 shauld be detached far use as the burial-transit permit. Then press jremave carban papers Pashould be filled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 habits		NAME (Type)	Mara H. F	ter L'1	166666	ruplan the	Harrie Mid
HO Ige FUN Tect	230	BURIAL, CREMATION, 23b		NAME OF CEMETERY OR CO	EMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 A			-22-69 N	autown!		newtown. Int.	
VR A15 M		FUNERAL DIRECTOR	802 Madison A	ADDRESS Balto	, Md. DAMAR	2 4 1969 25b REGISTRA	ARS SIGNATURE
30M REV 11 687	10	harles R. Law	OUT LIGHTSOIL &	race a Datro.	2 ATOM DAMIAN	64 1000	1



10	It	em 18 Film 41	O 3-11-69 MARYLAN	ID STATE DEPAR	TMENT OF HE	ALTH			
- Free Contract of the Contrac		03309		DIVISION OF VITAE RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH					
death.		ECEASED-NAME First Type or print) JOH	Middle H.	HELSL	EY	20. DATE OF DEATH MAR Month 5 Dong	969Yeor 9:13PM		
	3 5		4. RACE	S DATE O		6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.		
S Fee		Male	Caucasian		August 19	71.01			
4 hour by pers. 72 hour	7o cou	BIRTHPLACE (Stote or foreign ptry) Penna •	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER D	MARRIED 7	Anne Arundel	Md.		
within 72 hours by within 72 hours	10.	TITY OR TOWN OF DEATH Ft Meade	11 NAME OF HOSPITAL OR IN give street address) U.S. Kimbroug	ISTITUTION (If not in hospit h Army Hosp	ol 120 USUAL during most SETVI	OCCUPATION (Kind of work done of work ng life, even if retired.)	IZE KIND OF BUSINESS OR INDUSTRY U.S. Army		
ond completely filled remove corbon page n ony event, within 7	13o odm	JSJAL RESIDENCE (Where deceo	sed lived, if institution Residence before 13b. COUNTY Anne Arundel	13c city or town Ft Meade	13d. INSIDE CITY LIMIT YES NO		rgonne Hills St		
be executed on the condition of the condition on the cond	14	FATHER'S NAME First Charle	Middle Lost	1s. MOTHER?	s maiden name First Mary	Middle Agnes	ANDERSON		
ertificate be physicion o ten please tondi, ond in		WAS DECEASED EVER IN U.S. AR (es, no, or unknown) (1 yes give Yes 195	MED FORCES? war or dates at service) 5-1969 185-30-45			Address ley (same as Ite			
oth cert ding pl		1B. CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUSE	nly one couse per line for (a), (b), and (c)	rest			approximate interval Between only and death 35 Mins		
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death be retoined by the hospital or ottending physician. NIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funcial by the ottending physician and completely filled in by the funcial as should be detached for use as the burial-transit permit. Then please remove corbon papers. Page of the detached for use os the burial, tremation, or removal, and in any event, within 72 hours after death with the State Dept. of Health prior to burial, tremation, or removal, and in any event, within 72 hours after death		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	Myocard:	ial infar spected	rction	l hour		
equires that the physician. Signed by the burial-tronsit burial, cremat		rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	Coronary	v atheros	clerosis	ynynowy		
requir p physin sign ie bunct	-	PART 2 OTHER SIGNIFICANT CO None known	NDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	MINAL DISEASE ORCOM	IDITION GIVEN IN PART 1(0)			
law indiii bee	AT ON		CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20o. A	IUTOPSY?	20b IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING		
The offer has see of the pink pink pink pink pink pink pink pink	CERT FICAT	N/A	N/A	YES	NO 🗌	CAUSES OF DEATH?	Yes		
CIAN: iital or iificate for u for u	MEDICAL CER	2To. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	TH HOUR A.M. Month Doy Yeor			oture of injury in Port 1 or Port 2, It	em 18.)		
PHYSI ne hosp this cer etachee Oppt. (ME	21d. INJURY OCCURRED 21e While Not work 21 work	PLACE OF INJURY (AT HOME FARM, STREET FA	CTORY,) 21f. LOCATION		City or Town	County State		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 moy be retoined by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached for use as the burial-trop should be filed with the State Dept. of Health prior to burial, cre-		22a. I certify that (t) (t)	nis haspital) attended the deceasative an <u>5 March</u> re, (\$\mathbb{K}\) (we) (did) (&\mathbb{K}\) view the	19_09, and that in	<u>ch</u> , 19 <u>6</u> (ॠ¥) (aur) apıni	9, ta 34 March, 19 an death accurred on the dat	69, that (1) (we) last e and hour and fram the		
RECTOR 3 should with the		22b SIGNATURE 2000	e, (u) (We) (ard) (Station) view me		NDING MED	STAFF 22c D	ATE SIGNED March 1969		
PITAL C moy be RAL DI r, poge be filed	1	22d. PHYSICIAN'S NAME (Type) BRUCE	L. WILDER, CPT, MC	1771	ADDRESS	OUGH ARMY HOSP, FI	MEADE,MD		
HOSE Tige 4 FUNE FUNE	230	BURIAL, CREMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATOR	Y	23d LOCATION (City or Town)	(County) (Stote)		
5 5 p	1		larch 10'69 F	ark Lawn		Chambersburg	Pena		
VR A15 (4) 30M REV. 1/68		Home of Hari		Ellicot ci Maryland	DAMAR	REGISTRAR 2Sb REGISTRAR'S	IGNALIKE		

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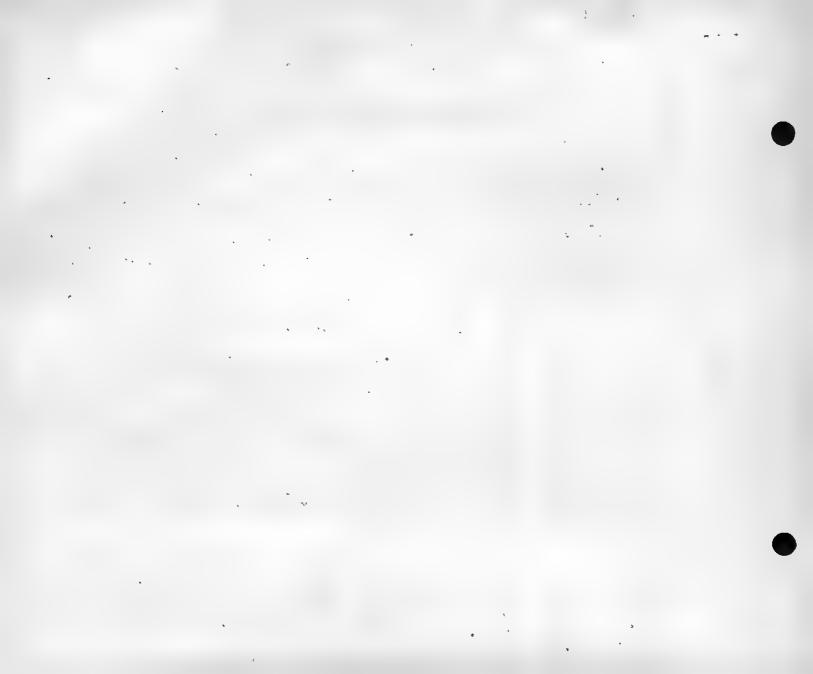
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03305
HEALTH DEPT.	1. D	ECEASED NAME A 6/rst . Middle Lost Lost 20 DATE KNOWN CL Month.	
v 2 2/3 ×	(Type or Print) NICIUIN 1 HC WAYED DEATH MATED 3/2	1/6919 4P M
deloy . and 3 to	3 5	EX 0 4 RAGE S PATE OF BIRTH 6 AGE M years FUNDER TEAR IF UNDER 24 HRS. 2C DATE PRONOUNCED COM	2g HOUR
	1	1610 WILL 11/4/01/6/ YRS	Year 169 4.77
J, 2,		BIRTHPLACE (Stote or foreign 76. CITIZEN ON WHAT COUNTRY? 8. MARRIED MEVER MARRIED 9. COUNTY OF DEATH	und /
Jes for	10. /	Baltimore Md. USA WIDOWED DIVORCED HAM IT NAME OF HOSP. TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work gone	()/GE/ Md.
Page e St.	10.	give street oddress) O1 / R 71/2 during most of working life, even if retired)	126 K ND OF BUSINESS OR INDUSTRY
ofter death Carry 8 Give Pages 1, 2, alang with form With the Stote Department	13o	ISLAL DESIDENCE (Where decorded lived if print then Peridence before 13' C.TY OP TOWN 13' MSDE (IT' UMS) 13' MSDE (IT' UMS) 13' MSDE (IT' UMS)	Retired
s often 18 Gi	0	dm.ssion) STATE 136 COUNTY AA Severn YES NO C Rte.1, Box 21	9
늘 등 이 나는데 등	14. 6	ATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	Last
24 h		Thomas Heward Margaret S.	Carver
within 24 pencul in xominer's ile poges 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS 17. INFORMANT ADDRESS	
be executed within "pencil" in pencil in pencil in pencil anet Medical Exomine ansit permit. File pogevent within 72 hou	-	no 217 - 05-2431 Mrs. Katherine M. Heward, same	APPROXIMATE INTERVAL
orted or in thin		1B. CAUSE OF DEATH (Enter only one couse per line to (1), and (9) PART I. DEATH WAS CAUSED BY	BETWEEN ONSET, ANY DEATH
e execute pending" of Medica sit permit		IMMEDIATE CAUSE (o) DUE TO, OK AS A CONSEQUENCE OF	municus.
pen pen nsit		Conditions, if ony, which gove	Mars
The character and the characte		rise to mmediate couse (a) (b) DUE TO, OR AS A CONSEQUENCE OF	77
should be executed with the word "pending" in perto the Chief Medical Exonorial-transit permit. File I in any event within 72		1051 Windlines (Willoscher Ble	your_
NER: This certificate should be executed within 24 house certificate, writing the word "pending" in pencl in Itenshould be forwarded to the Chief Medical Exominer's Off files. 3 should be used as a burial-transit permit. File pages I fam otton, or gemaval, and in any event within 72 hours after the contractions.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	1
riffic ritim rords rd as	NOI	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
TO DEPUTY COLCAL EXAMINER: This certificate necessary, please execute the certificate, writing the functed director. Page 4 should be forwarded to may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as o Health prior to buriol, cremation, or removol, and	CERTIFICATION	WAS PERFORMED?	YES NO.
AL EXAMINER: This execute the certificate, or. Page 4 should be for your files. TOR: Page 3 should be uriol, cremotion, or der	CERT	210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, It	
ER: certifi ould ould houl	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
t sh r file mot	₩.	21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town	County Stote
orcal Examiner: se execute the certiveror. Poge 4 should ned for your files. ECTOR: Page 3 shou		AT WORK AT WORK	
AL I		22a. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry	ond in my apınian
Se escripi		death resulted frame Natural causes Accident , Suicide , Hamicide , Undetermined manner	u,
pleose I direct retaine retaine or to b		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ACTUAL M.D. ASSISTANT MED CA. EXAMINER 226. DATE 226. DATE	SIGNADO ICO
ury, ary, be be Pri		SIGNATURE MD ASSISTANT MEDICAL EXAMINER LIPE EXAMINER LIPE EXAMINER'S DEPUTY MEDICAL EXAMINER LIPE L	12/169
o DEPUTY necessary, p the funeral 5 may be r o FUNERAL Health price		NAME (Type) (// AT/-CS FT: // NT/) ADDRESS(Street, city, town, ar county)	
5 # 2 P # 2 P # 3 P P P P P P P P P P P P P P P P P	230	BURIAL, (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	-01	Burial 23 Mar. 69 Glen Haven Memorial Park Glen Burnie. FUNERAL DIRECTOR ADDRESS 1250 REG BY REGISTRAR 125b REG STRARS	AA, Md.
VR A15ME (5)	24.	1000	
10M REV. 1/68	L	Kirkley Funeral Home, Glen Burrie, Md. DATMAR 2 4 1969	on the state

MARTLAND STATE DEPARTMENT OF HEALTH



_ !	MARYLAND STATE DEPARTMENT OF HEALTH		
-		03311 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03306	
	Ιt	em#?3c&d,per tele. call with F.ICERTIFICATE OF DEATH	
deoth.		eceased NAME Sara LOVISE Hinson 20 DATE OF DEATH YOUR STANDS	
24 hours after deoth ed in by the funeral ppers. Pages Frank 172 hours after death	3. 51	Female CAUCASIAN 1-10-96 6. AGE (In years if linder year is under 24 HRS LAUCASIAN 1-10-96 10st birthday) MONTHS DAYS HOURS MIN	
t hours in by ers. Pers. Pour	7o.	SIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH STORY OF DEATH WIDOWED DIVORCED APPLIED OF MARRIED MAR	
ord in any event, within 72 ho	10	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during, most of working life, from if retired.) 120 USUAL OCCUPATION (Kind of work done during, most of working life, from if retired.) 121 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during, most of working life, from if retired.) 122 USUAL OCCUPATION (Kind of work done during, most of working life, from if retired.) 123 KIND OF BUSINESS OR INDUSTRY CLUN NAME OF HOSPITAL OR INSTITUTION (If not in hospital during, most of working life, from if retired.)	
executed we executed to complete emove carb any event,	13a. adm	USJAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN . 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER SSION) STATE (LAND) 13b. COUNTY ARUNDEL CHEN BURLE YES NO 205 GLOCICESTER DRIVE	
dend (end	14	ATHER'S NAME First Middle, Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
din e		MAYIEN LILL HINSON MARY LOUISE (LINKNEUR	
.9 y a		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or pythonown) (If yes give wor or datased service) 16b. SOCIAL SECURITY NO. 17. INFORMANT M. I. INSCH PROFID! (c) I APP HIN, MALL	
th certifi ding phy Then remova		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	
ne deoth cer ottending p permit. The		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coron say thornal 20 years	
e de otte		4/2 DUE TO, OR AS A CONSEQUENCE OF	
the sit p		Conditions, if ony, which gove ise to immediate couse (a). (b) (1500 may hour of alloward and and alloward)	
quires that the d physicion. signed by the oth buriol-transit pen buriol, cremation.		stoting the underlying couse (c) Huger ferraive heart disease	
equires physicions signed buriol-fr		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
e low retending is been as the prior to	S.	ca. A the forque.	
A: The or of or	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
	MEDICAL CE	21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 19	
OR ATTENDING PHYSICIAN be retained by the hospital of DIRECTOR: After this certifical as should be detached far led with the State Dept. of He	WE	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote of work of	
ENDING hed by th R: After t uld be di		22a. I certify that (I) (this haspital) attended the deceased from, 19, ta, 19, 19, that (I) (we) las saw the deceased alive an, 12, and that in (my) (our) apinian death accurred an the date and haur and from the	
rent ned NR: A		causes stated above, (I) (we) (did) (did) (did) view the bady after death.	
AT AT She with with with a she wi		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED	
TAL OR nay be AL DIR poge 3 e filed y		THAT I CUCALITY DEGREE PHYS IN DIRECTOR IN PHYS. II / THAT II,	
		22d. PHYSICIANS IMRE NEWS AUTOMOTOR CONC.	
TO HOSPI Poge 4 n TO FUNER director, should b	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CREMATORY 23d LOCATION (City by Town) to 1 the arrylle (Stote) Md. REMOVAL (Specify) 3/9/69 27/10/11/11/11/11/11/11/11/11/11/11/11/11/	
VR ATH NO TO	24	FUNERAL DIRECTOR STOREST ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
30M REV. IN A	\times	single in filme - Ellen Burne md. WAR 17 1969 Minules Coules	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03307 CERTIFICATE OF DEATH Itemly FilmGhll 4/2/69 kk 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) p. COUNTY Maryland b. COUNTY Anne Arundel Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

TURAL FORT SMALLWOOD C LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) papers, d STREET ADDRESS e IS RESIDENC 7108 Fort Smallwood Road 7108 Fort Smallwood Road 21 226 NO TV 3 NAME OF Middle 4 DATE Month Year 200 DECEASED (Type or print) OF DEATH Theodore Edward Hohman March and in ony event, 1969 The law requires that the death certificate be executed S. SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (in years lost birthday) JF UNDER I YEAR 7. MARRIED X IF JNDER 24 HRS NEVER MARRIED "ale HOUSE White WIDOWED DIVORCED Feb. 28, 1906 11 BIRTHPLACE (County & State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT physicion o during most of working life, even if retired)
Pipofittor Continental Oil Co. Baltimore, Parvland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, John H. Hohmen Annie Schline S WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 21,226 (Yes, no, or unknown) (If yes give wor or dates af service) Mrs. Florence M. Hohman 7108 Fort Smallwood signed by the c buriol-tronsit po buriol, cremotio 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) offending physicion. DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause 19 WAS AUTOPS) PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART YES 🗀 NO FOR HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or certificate 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 181) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (Caunty) (Stote) O FUNERAL DIRECTOR: After this Hour o.m. factory, street, affice pldg, etc.) Not White of work ot work e deceased from George 19 saw the deceased alive on and 22a SIGNATURE 22b DATE SIGNED DIRECTOR 22c. PHYSICIAN S ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY BUR AL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) REMOVAL (Specify)
Burial 3/28/69 Meadowridge Memorial Pk Howard Co. Maryland 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 tapsco ave.



					STATE DEPARTMENT				
		03313	DIVISION OF		OI W. PRESTON STREET		ARYLAND 21201	03308	8
J	_	00020	F1		ERTIFICATE OF DE		or prittle		Lat Halla
ľ		ECEASED NAME Type or print)	First	Middle			OF DEATH Month Do	oy 19699	2b. HOUR
ŀ	3. S		Margaret 14 RACE	Marion	Hopkins Is DATE OF BIRTH	TEI,	rch 22 Lo		IF UNGER 24 HRS.
	3. 3			T T		-2	last birthday)	MONTHS CAYS	HOURS MIN
	Žn	Fernale BIRTHPLACE (State or foreign		White		ober 1891	OF DEATH		
ı	can	Baltimore	1/3 CHIZEN OF T		. MARRIED 🔲 NEVER MARRIED WIDOWED 😿 DIVORCED	□ 1			44.4
ŀ	10	OTY OR TOWN OF DEATH		AME OF HOSPITAL OR INST	TUTION (If not in baspital		ne Arundel ON (Kind of work done	12b KIND OF B	USINESS OR
A			Dinte.	etrant addrace)		during most of work	ng life, even if retired)	industry	
	13a.	erndale. Gle	deceased lived, if institu	rian: Residence before	3c CITY OR TOWN 136 I	NSIDE CITY LIMITS? 13e.	SEWIFE STREET AND NUMBER	OWN	Home
)	adm	ission) STATE MA	13b. COUNTY		Glen Burnie YES		203 Hollins	s Ferry R	d.
	14.	FATHER'S NAME First	Middle	Last	15. MOTHER S MAIDEN	NAME First	Middle		Last
		Ear	1 B.	Bent	z Sr	Marv	M_	Coc	losav
		WAS DECEASED EVER IN U		16b. SOCIAL SECURITY NO	, 17 INFORMANT		Address		- N. B. C. J.
		res, na, ar unknawn) (Its	yes give wor or doles or service;		Mrs. Mild	ired Sturm	, same as		
1	Г	18. CAUSE OF DEATH (Ed	nter on y one couse per	line far (a), (b), and (c).)				BETWEEN ON	ATE INTERVAL SET AND GEATH
		PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (a)	Rustuse of	abdominal	aneur	usm.	2 w/0	A
		441,2.		AS A CONSEQUENCE OF	·		a		
		Canditions, if any, which rise to immediate caus	a (a) (b) —	THE TOTAL CONTRACTOR	nterio Schener	sis and		114	D
	Н	stating the underlying		AS A CONSEQUENCE OF	-			11	
		lost) (c)	Hypesle				1/14	<u>A</u>
	L				RELATED TO THE TERMINAL DIS	EASE DR CONDITION G	IVEN IN PART 1(a)		
	NO.	19a. DATE OF OPERATION		HICH OPERATION WAS PERF	Cci dent ORMED 200. AUTOPSY?	2015	IF YES, WERE FINDINGS	CONSIDERED IN CEL	PTIEVING
	3	Tra. DATE OF OFERATION	170. CONDITION FOR W	IIII OTERATION TROTERS	YES		JSES OF DEATH?	CONSIDERED III CEI	CTIP FILLO
	CERTIFICATION	21a ACCIDENT WAS UND	DERLYING 215 TIME (OF INJURY	21c. HOW INJURY OCCURR		njury in Part 1 or Part 2	2, Item 18.)	
į	MEDICAL	OR CONTRIBUTING CAUSE	E DE OEATH HOUR A.M.	. Manth Day Year				,	
	MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY		(RY.) 21f. LOCATION Street or	R F.D. Na.	City or Town	County	State
		While Nat while at wark							
		22a. I certify that ((I) (this hospital) at	tended the deceased	fram 2 muer 69, and that in (my) 4	_, 19 <u>.5 8</u> , to_	march 271	9 <u>64</u> , that	(I) (we) last
		saw the decea	sed alive an Are	(did nat) view the b	요약, and that in (my) (مسم) opinion deot	h occurred on the d	dote and hour o	nd from the
		22b. SIGNATURE	onose'(i) Don-Hein	(uid fidi) view life b			220	C DATE SIGNED	
			Devide S	thinken !	D DEGREE PHYS	MED DIRECTOR D	STAFF STAFF	25 Mar.69)
		22d. PHYSICIAN'S	The same of the sa	- mpagy	22e. ADDRESS				
		NAME (Type) E	. R. Shiple	y, Ma D.	529 5		ade Rd. L	inthicum,	. Md.
	230	BURIAL, CREMATION,	23b. DATE	23c NAME OF C	METERY OR CREMATORY		ATION (City or Tawn)	(Caunty)	(State)
		REMOVAL (Specify)	26 Mar .69		ship Cemetery	Li	nthicum,	AA.	Mi.
	24.	FUNERAL DIRECTOR		ADDRESS	250	RECD BY REGISTRAL	969 25b REGISTRAR	R'S SIGNATURE	R.
		Kirkley Fund	eral Home.	Glen Burnie	. Md. DA	HILLIAN O II		00	

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1	0221	, 0	IVISION OF VIT		STATE DEPAR 11 W. PRESTON			ND 21201		
•	Items 11		17/69 kk		RTIFICATE (·····	21201	0224	0
ond completely filled in by the funeral a remove carban papers. Pages 1 and 2 in any event, w thin 2.	1. DECEASED NAME {Type or print}	First	36	Middle	Lost		2a. DATE OF DEAT	H Month Day	Yanı	2b. HOURP
r de	3. SEX	James	4 RACE	ıden	HORN	OF OIDTH	March	17	1969	11:58
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	130. USUAL RESIDE admission) STATE	NCE (Where deceased	lived, if institution, F 12b, COUNTY Anne Arur	tesidence befare 13	a. City or town	134 INZIDE CITY LE	M TS2 3e STREET /	ND NUMBER Box 76		7 7 7 7 7
1	14 FATHER S NAME		M ddle	HORN	I.S. MOTHER	S MAIDEN NAME FI		Middle Y		Lost
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	18 CAUSE C	F DEATH (Enter anly a	one couse per line far	(g), (b) and (c).)	7				APPROX M	IATE INTERVAL ISET AND DEATH
	PART I	DEATH WAS CAUSED B IMMEDIATE	Y 18.	11 1 0	lovar s	necceyou	, de		62	c'K1
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	rise ta 'm me	aný, which gove) ed ate cause (a),(wme c	ardie -	Fulsur			27	in
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	190. DATE OF O	T WAS UNDERLYING	TOTAL TIME OF THE	nv.		NO D				
	S GONTRIBU	TING CAUSE OF DEATH		nth Day Year	121c. HOW INJURY	OCCURRED (Enter	nature of injury in F	Part 1 or Part 2, 1	tem 18)	
	₹ 21d. INJURY			19 ME, FARM, STREET, FACTOR'S E BUILDING, ETC.	2) 21F. LOCATION	Street ar R.F.D. Na.	City or To	wn	Caunty	State
		T-Wark								
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	22d, PHYSICIA		CJK >- 76	ICC ML	DEGREE PHY	S ALC DI	ED STA		-18-	6'9
	NAME (T	Ype) B ertr and	i C. R. Ge	au, M.D.		Address -4, Annar	oolis, Md.	•		
	23g. BURIAL, CREM REMOVAL (Spi	ATION 23b. DAT	21-69	23c NAME OF CEM	ETERY OR CREMATOR	Cem.	23d. LOCATION (Ca	y or Jawn)	(County)	(Stote)
	24 FUNERAL DIRE		0 211 0	ADDRESS	- 0	25a, REC'D BY		Sb. REGISTRAR'S	SIGNATURE	
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			MARYLA	ND STATE DEPARTMENT OF	HEALTH	
// 1		00015		S, 301 W. PRESTON STREET, BAL		
<i>()</i>		03315		CERTIFICATE OF DEATH		03310
4 74		ECEASED-NAME FIRST) // Middle	Lost ,	20. DATE OF DEATH	2b. HOUR
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= / % 26 元			10	2-16-	1889 last bythday) YRS.	MONTHS DAYS HOURS MAN
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hin 24 filled pape thin 77	10.	TITY OR TOWN OF DEATH	T1. NAME OF HOSPITAL OR give street oddress)		UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
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erexecuted within 24 had and completely filled in capacite corban papers in any event, within 72 h	130 odm	USUAL RESIDENCE (Where deceos	ed ved, if institution Residence before	1 VECT	130 STREET AND NUMBER	0.108.
and to	14	FATHER'S NAME A First	_Middle Lost	IS. MOTHER'S MAIDEN NAME	200000	Lost
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ate icien leas and		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURIT	YNO 17 INFORMANT	Address	
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quires that the physician. signed by the burial-transit burial, cremat		lost.	(c) (c)			
phy sign bur		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART 1(0)	
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AN: The law real of an artending icate has been far use as the Health priar to	CERTIF CATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS		20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
는 p 등 s 등 V	E	2To. ACCIDENT WAS UNDERLYIN	C Los. THE OF BUILDIN	YES NO		
al a		OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Doy Ye	276 HOW INJURY OCCURRED (Ent	ter noture of injury in Part 1 or Port 2,	Item 18.)
SIC spit errit ed	MEDICAL	(If either, natify medical exomit 21d INJURY OCCURRED 21e.		19		
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er the green		OLMORK OLMORK	is hospital) attended the decer	sed from /9.58.19	10 1969 19	, that (I) (we) lost
Aft Aft e St		saw the deceased a	is hospital) attended the decer live on 3	19, and that in (my) (our) or	pinion deoth occurred on the do	
OR: authorities		causes stated above	, (I) (we) (did not) view th	e body after death.		
OR ATTERIOR BE retained SIRECTOR: A Should be divith the		22b SIGNATURE	0	ATTENDING (7)	MED C STAFF C	DATE SIGNED
DIR DIR		201 0.000000000	Morris	DEGREE PHYS LL	DIRECTOR PHYS.	3-18-61
TO HOSFILE OR ATTENDING THYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior to		22d. PHYSICIAN'S NAME (Type) PORE	nt HAHN	SEVE	ena Panle	, ud
HOSI UNI CUNI COLID	230	BURIAL, CREMATION, 23b	DATE 23c KAME	F CEMETERY OR CREMATORY	23a LOCATION (City or Town)	(County) (State)
Pag of	1	REMOVAL (Specific	3/18/69 Fe	e Cremalon	Cashwiter	_ A-C
	24.	FUNERAL DIRECTOR	ADDRE	55 D 250 R CD	R 2 0 1969 POLICE	
VR A15 (4) 45M 1/69	1	View A.D	anunco, sever	ma Mr. hay DATE MIA	R 2 0 1969 John	when Judge.



1 . 2/	1	MARYLAND STATE DEPARTMENT OF HEALTH	
EOD STATE		03316 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03311
HEALTH DEPT.			
	1 (Type or Print) OF COOL ON STILL AND OF ESTI-	111 10
Page 47	306	EX. 4/RACE 5 DATE OF BIRTH 6 AGE (a years 5 UMDER I YEAR 15 UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
ny delay ny delay PM3 Pa PM3 Pa fertment	17	MONTHS DAYS HOURS MIN MOTH / Day	Yeor
	70	BIRTHPLACE (Stock or foreign 76 CITIZEN DE WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTRY OF DEATH	19-07 M
	cour		Ma
	10,	TI. NAME OF HOSP TALOR INSTITUTION (If not in hospital a 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
	4	1111 and the give street address of Alana during good of yorking it between the tired.)	INDUSTRY
along we death be		USUAL RESIDEACE Whore deroused lived, if institution Residence before 13c CMY OR TOWN, 2 13d MISIDE CITY LIMITS? 13e. STREET AND NUMBER	
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hour Item Office I and 2	14	ATHER SINAME First Middle Lost 15, MOTHER S MAIDEN NAME First Middle	Lost
24 24 1 1 1 1 1 1 1 1 1		wan Hunen Emina Hu	bun.
hin 24 hours ncil in Item I niner's Office pages Land 2 haurs after c		WAS DECENSED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1 (18) SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1	Lugalita.
Exam File		110 I VERWINE AUUNTIN	APPROXIMATE INTERVAL
ri in the definition of the de		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
executed nding" in Medical 8		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Crlone Seturation CVD	
e ex peni esf M sst p		Conditions, if ony, which gove)	Musen
id b ind 5: Chii itran		rise to immediate couse (o), (b)	
shauld be executed wif ne ward "pending" in pe ta the Chief Medical Exar burial-transit permit. File I. n any event within 72		lost.	
ate sl g the ed to ed to		(c)	
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writh writh wall wall wall	AT ON	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
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INER: This certificate, writing should be farwar files. 3 should be used should be used to the should be used to the should be	1 66	216. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, HOUR A.M.	Item IB)
cert cert cert les. les. shau	MEDICAL	CAUSE OF DEATH P.M. 19	
MIN the the 4 st	≈	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while Not wh	County State
TY SICAL EXAMINER: Ty, please execute the certificated dractor. Page 4 shauld be retained far your files. **AL DIRECTOR: Page 3 shauld prior ta burial, crematian.		AT WORK AT WORK	
AL E		220. I certify that I took charge of the remoins described abave, held an Autopsy, Inspection, Inquiry [ond in my apinian
drectar. drectar. birectar.		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined monner	
please il direct retaine L DIREC		ACTUAL CHIEF MEDICAL EXAMINER	E SIGNED
JTY my, erroll be prif		SIGNATURE STATES OF THE STATES	4-69
o DEPUTY necessary, Ithe funeral s may be r o runeral Health print		NAME (Type) Continue Continu	
necessary, please execute the funeral director. Page 4 5 may be retained for your for Funeral Director. Page Health prior to burial, crem	230	BURIAL, CREMATION, 236 DATE 230 NAME OF CEMELERY OR CREMATORY 236, LOCAT ON (City of Toxic)	(County) (5)2/g)
-	1	STANDAN (Specify) 3-18-1969 H Witton (Millelike	71 ////
1/4	24.	FUNERAL DARRICTOR 256 REG STRAR 256 REG STRAR 256 REG STRAR	SEGNATURE
VR A15ME (5) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/1	William Bessette CIMA 1166. DATE MAR 18 1969 gch	anly Judge
-		·	



		U STATE DEPARTMENT OF HEAD		
+ an 033		301 W. PRESTON STREET, BALTIMO ERTIFICATE OF DEATH		854
1. DECEASED NAME First (Type or print) Aric	Middle	Iverson#10808	DATE OF DEATH Month 22	69 4 10 M
3. sex Female	4. RACE Negro	S. DATE OF BIRTH	6 AGE (in years IF UNDER MONTHS)	
70 BIRTHPLACE (Stote or foreign rountry) Maryland	U.S.A.	8. MARRIED NEVER MARRIED 9. CC	OUNTY OF DEATH Anne Arundel	
10. CITY OR TOWN OF DEATH Crownsville	II NAME OF HOSPITAL OR INS	TITUTION (If not in hospitel 120 USUAL OC State Hospital most of	CUPATION (Kind of work done I/2b K	SIND OF BUSINESS OR
130 USUAL RESIDENCE (Where deceosed odmission) Maryland	lived, if institution: Residence before	13c CITY OR TOWN 13d MSIDE CTY LIM TS7 Balt. YES NO □	822 N. Durham S	it.
14. FATHER S NAME First Unkn.	Middle Lost	IS MOTHER'S MAIDEN NAME First	Middle	Lost
160. WAS DECEASED EVER IN U.S. ARME Yes, no. or unknown) (If yes give wor	D FORCES? ardotes of service) 16b. SOCIAL SECURITY N	IO. 17 INFORMANT	Address	
Conditions, if ony, which gove tise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT COND	(b) DUE TO, OR AS A CONSEQUENCE OF (c)	Plerotic cardio vascu	lar disease	APPROXIMATE MIERVAL ETWEEN OMSET AND DEATH
RHEIG	ONDITION FOR WHICH OPERATION WAS PER	FORMED 20g AUTOPSY?	20b IF YES, WERE FINDINGS CONSIDERE CAUSES OF DEATH?	ED IN CERTIFYING
G CAUSE OF DEATH (If either, notify medicol exomine	21b. TIME OF INJURY HOUR A.M		re of injury in Port 1 or Port 2, Item 18)	
While Not while at work of work	LACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		City or Town County	
saw the deceased any	haspital) attended the decease ve an 3/22 11 (I) (we) (did) (did nat) view the b	969, and that in (my) (aur) opinion body after death.	death accurred on the date and	NED
22d PHYSICIAN S NAME (Type) Char]	es R. Venter, M.	22e. ADDRESS	State Hospital M	
230 BURIAL CREMATION, 23b. DA REMOVAD (Specify)		Med-Mad-Sahool B	1. LOCATION (City or Town) (Count	(Stote)
24. TUNERAL DIRECTOR	A MURESS	DATE 2 4	1969 25b REGISTRAR'S IIGNATU	sedge.



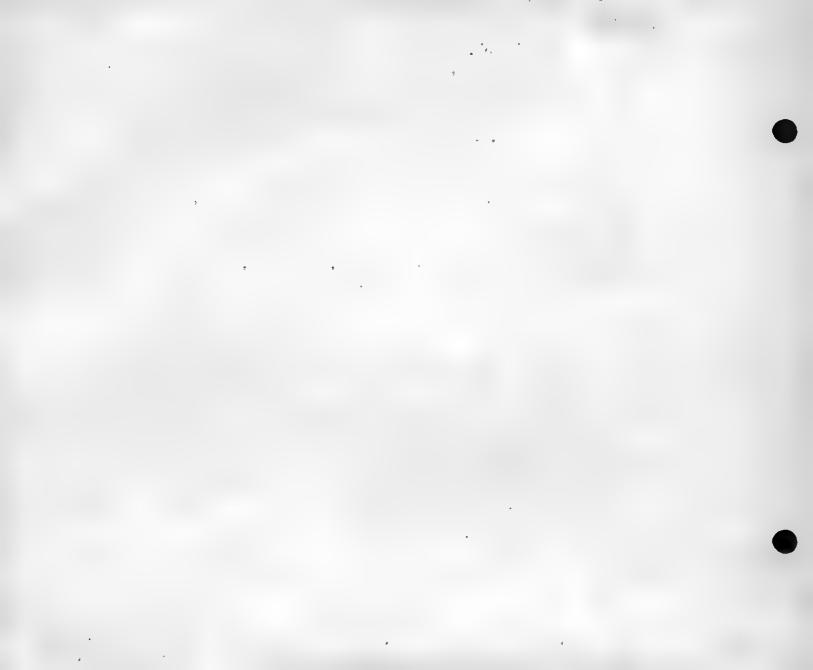
1		03318 DIVISION OF VITAL RECORDS, 301 W. PRESTO		
	I.	em#1,FilmGhll 4/7/69 km CERTIFICATE		03312
within 24 hours after death. Fely filled in by the hutter of the road within 72 hours-after death.		John Uilliam Add	PURIFIED 2a. DATE OF DEATH Month Day MARCH 30 TE OF BIRTH 6. AGE (in years)	YBOT 25 HOUR 2 MF JMDER 1 YEAR IF UNDER 24 NRS.
by the Pages	70	80 0 1	2-26-1886 last birthdoy) RS. M	ONTHS DAYS HOURS MIN.
illed in papers.	(OV	"INARYLANIS U.S.A. WIDOWED [DIVORCED ANNO ARUNDOL	County Md.
completely filled it tove corban paper by event, within 72	Co	Y OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hos On BUKNIE CINCUMEDENT CENTE	12a USUAL OCCUPATION (Kind of work done during most of warking life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY Bakery
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icate be executal sisting ond completes remove I, ond in ony ever		Albert Jefferies		lost Se ke
rtificate physicia en plea ovol, on	16a. Y	(AS DECEASED EVER IN U.S. ARMED FORCES? nongrunknawn) (1) yes give was ex dates of service) (1) (1) yes give was ex dates of service) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	-	21225 mabel Ave.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physicion. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove constructed with the State Dept. of Health prior to burial, cremation, or removal, and in any event		onditions, if any, which gave) se to immediate cause (a). Diabetes melliti	tic heart disease	APPROXIMATE NTERVAL BETWEEN GNSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-transhould be filed with the State Dept. of Health prior to burnal, crentered.	z	DUE TO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	SCLOPOSIS ERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
The law attending to the second to the second the secon	CERTIFICATION		O AUTOPSY? 20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
SICIAN: spiral or ertificate ed for u	MEDICAL CE	or contributing Cause of DEATH HOUR A.M. Manth Day Year P.M.	URY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite	
G PHY. the ho r this cr	*	PLACE OF INJURY (AT HOME FARH, STREET, FACTORY.) 216. LOCATION While Not while at work at work		County State
TTENDIN ained by OR: After nould be h the Sta		2a. I certify that (I) (this is a strended the deceased from 1/6, saw the deceased alive an 3/29/69 19 , and that causes stated above, (I) ((a) 101) (did not) view, the body after death.		
L OR A DIRECT DIRECT Sign 3 shiftled with		DEGREE PI	TTENDING MED. STAFF HYS. DIRECTOR PHYS. STAFF	TE SIGNED 3/31/69
OSPITA INERAL ctor, po	10.	NAME (Type) Samuel Rubin, M.D.	Baltimore Md 2	venue 225
Page State S	L	IJERIAL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMAT Cedar Hill INERAL DIRECTOR ADDRESS	Ritchie Highway 250 REC'D BY REGISTRAR 250 REGISTRAR 3 SI	
VR A15 (4) 30M REV. 1/68	1	Cully F. A. 237 Patapsco Ave. 222		



1 1/4	l I	MARYLAND STATE DEPARTMENT OF HEALTH O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03313
HEALTH DEPT.		ECEASED NAME 20 DATE KNOWN Mon	
of ge	1	Type or Print) (CICLEM 1 NACHMACON DEATH MATER TS	-16 1889 M
2, and 3 to PM3. Page	3 5	EX 4 RACE S DATE OF BIRTH 16 AGE IN years F JHDER YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	
y d an PM3 drtm	5	Temale (1/16 4-9-1903 65 YRS)	Year 1969 M
		BIRTHPLACE (Store of Joroign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED	
Poges 1	10 4		Md.
ve Pogr y w.th the Sha		MADDUS greet address (5 Weller Call during the strong till and the strong transfer of the strong transfer to the strong transfer transfer to the strong transfer transfer to the strong transfer	INDUSTRY
terhors ofter death ofter olong with form lond 2 with the Share Deg ofter death.		USUAL RESIDENCE Whose deceased lived, if instruction Residence before 13 CTTY OR TOWN 13d INSIDE CIVIL MILES? 13e. STREET AND NUMBER dmission) STATE 13b COUNTY 13d COUNTY 13d INSIDE CIVIL MILES? 13c. STREET AND NUMBER	Road
hin 24 hours ofter death nil in term of the Poges niner's Office olong with for poges lond 2 with the Shate hours ofter death.	14.	ATHER'S NAME BUST Middle Last IS MOTHER'S MAIDEN NAME First Middle	Randel
MINER: This certificate should be executed within 24 the certificate, writing the word "pending" in pencil in 4 should be forworded to the Chief Medical Examiner's ur files. Jet 3 should be used as a burial-transit permit. File pages emation, or removal, and in any event within 72 hours.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 / NOORMANT ADDRESS 16s. no. or unknown) (If yes give war or dates of service)	Terena M.
This certificate should be executed within icate, writing the word "pending" in pencil be forwarded to the Chief Medical Examine. I be used as a burial-transit permit. File pagar removal, and in any event within 72 has	-	18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (s))	APPROXIMATE INTERVAL
urte licol licol Athii	1	PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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be "pe "pe nief onsit		Conditions, if any, which gave tise to immediate couse (a), (b)	" They
vord vord ne Cl al-tr		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
buri buri		(c)	
ng the		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
vrifii vritii vord vord vord	TION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
INER: This certificate certificate writing should be forworder files. 3 should be used as nation, or removal, o	CERTIFICATION	WAS PERFORMED?	YES NO
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INER: e cert should files. 3 shou ation,	MEDICAL	CAUSE OF DEATH P.M. 19	
Sical EXAMINER: se execute the certifictor. Poge 4 should ned for your files. ECTOR: Page 3 should buriol, cremation,	2	2 d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white mot white foctory, office building, etc.) 21f. LOCATION Street at R.F.D. Na. City at Town	County Stote
:AL EXAM execute th or. Poge 4 J for your TOR: Page uriol, crem		AT WORK	5/.
CAL exe or. P or. P d fo d fo Murio		22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from Natural causes Accident, Suicide, Hamicide, Undetermined mann	
pleose explenter. I director. retained I DIRECTO		CHIEF MEDICAL EXAMINER	iei [_]
y, pleose oral direct or prior to		ACTUAL	ATE SIGNED
PUTY sary, unera y be VERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER 2	116/67
o DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health, prior to burial, crem		NAME (Type) = Limit and ADDRESS (Street, city, tawn, or county)	PICO
5 + 2 5 ±	230	BUR AL, CREMAT ON, 236 DATE 23c, NAME OF CEMETERY OF CREMATORY 23d TOCATION (City of Town)	A (Cotaty) Stepe)
	24.	VINERAL/DIRECTOR 250 REGISTRAR 256 REGISTRAR	R S SIGNATURE
VR ATSMETS	1//	W V V O C M 15 C O M C HE / 1 M A M M M 1 8 1989 PC	warfe, lander.



	y 1	1	MARTLAND STATE DEPARTMENT OF HEALTH	
ff. ens	* -		03320 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02217
	FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03314
	HEALTH DEPT.		CEASED-NAME First, Middle Lost 20 DATE KNOWN Month	Day Year 25 HOUR
	is to of of	(ype or Print) — OF ESTI —	28 169 11 M
	oy is 3 to Poge	3 S	V A DACE C DATE OF D.D.T. LA ACE SUNDED VERY IS UNDER 28 495 Q. DATE DECAMPAGED DELD	2d. HOUR
	and		Ad last birthday) MONTHS DAYS HOURS MMR. Month 2 Day 2	8 Year 69 10 M
	2, and 3 Pogram	70		0 1471 M
1	" - ' W"	(Oun	MIDDING ST. DIVONG ST.	
1	fer death Give Pages 1, ang with form th the State De		"Ifaryland U.S.A. WIDOWED DIVORCED P. A. LO	Md
	Page Page ith f	10. (ITY OR TOWN OF DEATH	126 KIND OF BUSINESS OR INDUSTRY
	de Pwe Pywe h	/	4. Lice . Don'th Alonde L. Machinist	Tool & Die
	after death 8. Give Page olong with with the Sto	13a	USLA, RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d MISIDE CITY, AN 157 13e. STREET AND NUMBER	
		a	Maryland 13b COUNTY Magothy Bch YES NO 19	13
	hours after death Item 18. Give Pag Office olong with Jond 2 with the Sto offer death		ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
			Towns Townston	
	hin 24 noter;s proges I hours o	16a	Joseph Johnston Anna Belsford WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT 1	71-11
		()	BS, NO, OF UNKNOWN) [If yes give war or dates of service]	
	3 00 8 = 7	-		APPROX MATE INTERVAL
			IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	nould be executed word "pending" ir the Ch.ef Medicol ! inclotionsit permit only event within		IMMEDIATE CAUSE (0) Cichler Checose	18/1
	e execuipending ef Medic isit permisit vent with		DUE TO, OR AS A CONSEQUENCE OF	Jours of the same
	De exilipend		Conditions, if only, which gave	
	vord ne Ch ob-tro		rise ta immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	should be en word "per or the Chief" puriol-tronsite in ony ever		last. (c)	
	INER: This certificate should be certificate, writing the word should be forwarded to the Clies. 3 should be used as a buriol-truston, or removal, and in any notion, or removal.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
	ficating ded os c		The solution continues and the solution of the	
	is certification to certification forward to certification forward to certification for the certification for	NO!	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	his certiliote, writing forward be used removed	Z.	WAS PERFORMED?	
	This offer the form	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b, TIME OF INJURY Manth Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. It.	YES NO
	生	N C	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M.	em IB.)
	INER: le certi should files. 3 shoul	MEDICAL	CAUSE OF DEATH P.M 19	
	CAMINER: te the certifies the certifies. cour files. age 3 shou	W	21d INLURY OCCURRED 21e PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f LOCATION Street or R.F.D. No. City or Tawn	County State
	XAM te th ge 4 your your crem		WHILE OF WORK AT WORK	
	in 3 %		220 I certify that, took charge of the remains described above, held an Autopsy , inspection , inquiry	and in my opinion
	cross		death resulted from Hajural causes Accident , Suicide , Hamicide Ungetermined manner	
4	pleose directoretained			
•	ple direction of the control of the		ACTUAL CHIEF MEDICAL EXAMINER 226 DATE	CICNED /
	JTY DIC. ry, pleose erd director be retained RAL DIRECT prior to bu		SIGNATURA TO ASSISTANT MEDICAL MANAGEMENT	8/19
	EPUTY sssary, I funeral oy be r on be r in prod		EXAMINER'S DEPLTY MEDICAL EXAMINER 2	0/0/.
	necessory, please the funeral arrectors of the funeral arrectors of the funeral arrectors of the funeral difference health prior to be fully for the full funeral full funeral full funeral full funeral full full full full full full full fu		NAME (Type) E-LINAPROT . ADDRESS(Street, cty, town, or county)	
	5 = = ~ 5 ±	230	DEMOVA (Secured)	(County) (State)
	3		Burial 1-1-69 Baltimore National Baltimore, Machinere,	yland
	RA	24	FUNERAL DIRECTOR ADDRESS 250, REC D BY REGISTRAR 256 REGISTRARS	
	VR A15ME (5) 10M REV 1/68		George J. Gonce 4001 Ritchie Hgwy. 21225 DATE APR 7 1969	was Judge
		-		



. Daniel 1	03321		S, 301 W. PRESTON STREET, BAL		
		DIVIDION OF VII/LE REGORDS	CERTIFICATE OF DEATH		03315
£ 25£	fr to	irst Middle	Lost	20. DATE OF DEATH	2b. HOURE
oap oap	(Type or print) Cliff	ord Loehr	JONES	March 800	1959 9:00 M
offer affer affer	3 SEX Male	4. RACE White	S DATE OF BIRTH March 4, 19	6. AGE (In years last-purthday)	IF UNDER 1 YEAR OF UNDER 24 HPS MONTHS DAYS HOURS MIN
by the Pages	7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	
4 ha 1 in theres. 72 ha	Pennsylvania	U.S.	8. MARRIED NEVER MARRIED NUORCED DIVORCED		Md
filled filled thin 72	10. City or town of death	IT NAME OF HOSPITAL OR		Anne Arundel UAL OCCUPATION (Kind of work done most atmostking use, even if retired)	126 KIND OF BUSINESS OR
with tely with with	Annapolis	ave street address) Anne Arunde		7E + V5,	Rat.
e executed within 24 had campletely filled in remaye carbon papers.	odmission) STATE Mary Land	eased lived, if institution. Residence befor 13b. COUNTY Anne Arundel		130 STREET AND NUMBER 602 State St.	
and careman	14. FATHER S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME		Last
d in a	- 051	AH JONE		UNE	LOEHP.
physician en pless	160 WAS DECEASED EVER IN U.S. Yes, mojor unknown) (1 yes a	ARMED FORCES? 166 SOCIAL SECURIT	YNO IT INFORMANT THE PILLE T	Address #13	
Page 4 may be retained by the haspital ar attending physician. 10 FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician and campletely filled in by the fraction process. Pages 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages stands shauld be filled with the State Dept. af Health priar ta burial, cremation, or removal, and in any event, within 72 hours after death	PART I. DEATH WAS CALL IMM 4 1 9 Conditions, if only which go use to immediate couse (c stating the underlying caulast PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 1 210. ACCIDENT WAS UNDERS 1 100 CONTRIBUTING 1 110 CAUSE OF (Iff either, notify medical exceptions)	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE	PERFORMED 200, AUTOPSYP YES NO P 19	20b IF YES, WERE FINDINGS CAUSES OF DEATH? er nature af injury in Part 1 ar Part 2,	
inG PHY: by the has ter this ce be detach tate Dept	While Not while at work		(Section Property of the Street of R.F.D. N. S		County State C9, that (I) (we) last
R ATTENDI retained b RECTOR: Af 3 shauld b with the Si	saw the deceased courses stated about 22th SIGNATURE	alive on 3 6 9 ove, (I) (w e) (did) (did not) view the	sed from, 19 <u></u> , 29 , and thot in (my) (our) o e body after deoth.		
OR Se re dw	22d. PHYSICIAN'S	nflifty n	DEGREE ATTENDING ACTION DEGREE PHYS 22e. ADDRESS	MED STAFF DIRECTOR PHYS.	DAJE SIGNED . C.F
SPITA 4 may NERAL far, po	NAME (Type)	N.SHIPLE	121 Cathe	dral St., Annapol	is, Md.
TO HOSPITAL Page 4 may b TO FUNERAL D director, page	Balley A Control	6. DATE 23c NAME 6	LCREST	23d IDCATION (City or Town)	A.H. P.D.
VR A15 44	24 FUNERAL DIRECTOR Jay	or + Sais aures	St., Mdb DATEMA	R 1 2 1969 FURNIS	



110	1	P. S.	MARYLAND STA			WILLIA ATAAT	
FOR STATE)3322 DIVISION OF	WEDICAL EXAMIN				03316
HEALTH DEPT.		CEASED NAME First	Middle		Lost	20 DATE KNOWN Month	Day Year 2b HOUR
lay is 13 ta Page ent of	,	ype or Print) FRANCES	L.	•	JONES	DEATH MATED Mare	ch 17, 69 7:30
delay and 3 A3 Pa	3 5				DER 1 YEAR IF UNDER 24 HR.	2c DATE PRONOUNCED DEAD	2d HOUR
PM3		Female Negro	4/27/1935	33 YRS	DATS MUURS MI	Month March 1:	7, Year 1969 7:30 N
-5 C7 SAM			IZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED 9	OUNTY OF DEATH	
True de la company de la compa	cari	Whne Arundel	2/2.4.	M DOMED	,	Anne Arunde	1 м
after death 8 Give Pages 1, alang with farm with the State pe	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not	in hospita 12a. USUAL	OCCUPAT ON (Kind of work dane	12b KIND OF BUSINESS OR
fter de Give P ang wi th the		Drury	,	140		Tecary even if retired)	INDUSTRY State
s after 18 Gi alang death.		USUAL RES DENCE (Where deceosed v	ed, finst tot on Residence befo	ore 13c, CITY OR FOW		TOTAL STREET STOP HOMOEK	
de San		miss on) STATE Maryland 13t	COUNTY Anne Arur	idel Drury	YES NO	Box 140	
24 haves after death in Item 18 Give Pag is Office alang with as I and 24 th the Sta	14	ATHER'S NAME Milton	Middle La Eva	ans Is MO	THER S MAIDEN NAME ME	ry Virgin	ia Owens
hin 24 nall in namer's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES BS, no, or unknown) (fyes give wor or de				ADDRESS	S
l within n percil Examine File pag		t yas give war or a	res or service)	M	ary V. Eva	ns Drury,M	eryrand
E E E		18 CAUSE OF DEATH (Enter only one	couse per line for (o), (b), and ((c).)			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit. Fevent within		PART I DEATH WAS CAUSED BY. IMMEDIATE CA	JSE (a) Multiple &	gunshot wo	unds of head	1	
exe endi							
the first druging and several							
ward ward the Ch rial-tre		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE	OF			
the water the		last.	(c)				
A TO		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE OR COND	TION GIVEN IN PART 1(a)	
writing t writing t rwarded ssed as a naval, an	NO	190 DATE OF OPERATION	196 CONDITION FOR	D WHICH OPERATION			20 AUTOPSY?
. 0 - 1	CERTIFICAT	THE DAIL OF STERATION	WAS PERFORM				
VER: This certificate, nauld be fo les. shauld be ustandarie utem	ERT	21g EXTERNAL CAUSE WAS	TID T ME OF INJURY Manth, Day, Y	Year Tale HOW	INITIDY OCCUPPED (Enter I	oture of njury n Part I or Part 2,	YES NO NO
			1100110 4 44	7 1060			tien out
INER Percentage share share filles 3 share	MEDICAL		DE NJURY (At home, farm, stree		ibject shot ION Street or R FD Na	City or Town	County State
the de 3	1	WHILE NOT WHILE AT WORK	office building, etc.)	Box		,	,
DICAL EXAMINER: The execute the certificator. Page 4 shauld be ned far your files. ECTOR: Page 3 shauld be bunal, cremation, ar			Home			Drury	A.A. M.D
AL exe exe of the far		220 I certify that I tack o				Inspection, Inquiry [
please directorestations.		death resulted from: No	tural causes 🔲 , Accid	ent, Suicid	e , H <u>amicide</u> 2	J,	
Disperance direction of the direction of		ACTUAL 1 /2 1 1	21/2.1		CHIEF MEDICAL EXAM		re elevien.
ury, pleared directed		SIGNATURE	1 Kun		M.D. ASSISTANT MEDICAL		7E SIGNED 3/17/69
necessary, please execute the the funeral director. Page 4 5 may be retained far your to Funeral Director. Page Health priar to burial, crem		EXAMINER'S Ronald I	I. Kornblum,M.I).	DEPLTY MEDICAL EX ADDRESS(Street, city		., 3/1/09
The Sm	230	BURIAL, CREMATION, 23b. DATE	23c NAME (OF CEMETERY OR CREE	MATORY 2	3d. LOCATION (City or Town)	(County) (Stote)
-	R	REMOVAL (Specify) 3722	1, 1	s demet		Bristol, Man	
00	24	FUNERAL DIRECTOR SIGNAL	1. DV0 11.78. 1ABI	DRESS 4.	25a REC'D BY	REGISTRAR 25b. REGISTRAR	
VR A15ME (5)	1	Stewart Funeral	Home-4001 B	semming !	Road N. FA	24 1959	and a horage



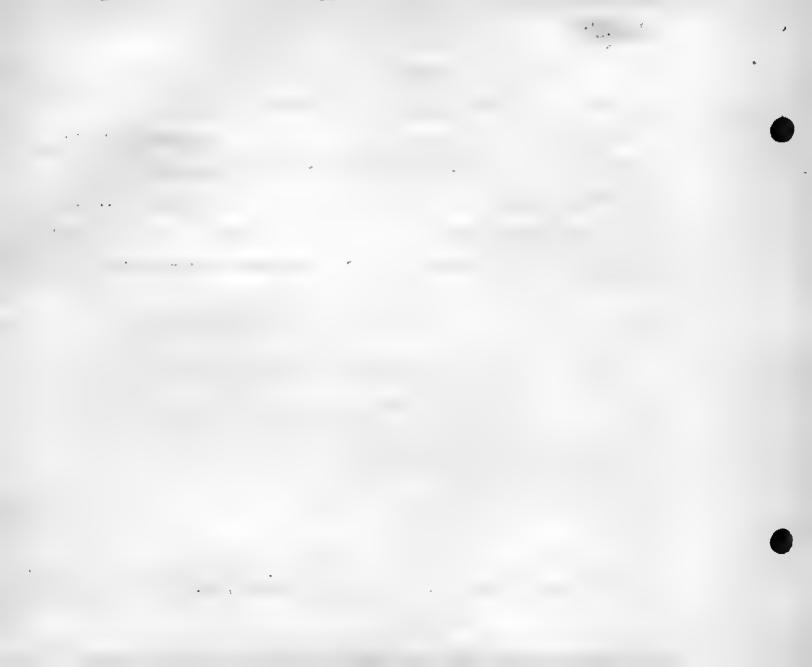
- 1	00000		ID STATE DEPARTMENT OF . 301 W. PRESTON STREET, BAL		0001%
l	03323		CERTIFICATE OF DEATH		03317
	1 DECEASED-NAME Fir (Type or print) John		Lost JONES	20 DATE OF DEATH Month D	by Year 2b HOUR
ŀ	3 SEX	Wesley 4 RACE	S DATE OF BIRTH	March 7	1969 7:55 IF JINDER 1 YEAR IF UNDER 24 HRS.
	Male	Negro	May 1, 19		MONTHS DAYS HOURS MIN
	7o BIRTHPLACE (State or foreign country)	7b CITIZEN OF WHAT COUNTRY?	B. MARRIEDXX NEVER MARRIED	9. COUNTY OF DEATH	<u></u>
ļ	Maryland	U.S.	WIDOWED DIVORCED	Anne Arundel	Md
۱	O CITY OR TOWN OF DEATH Annapolis	majo street nataleous)		JAL OCCUPATION (Kind of work done nost of working life, even if retired)	
	30 JSJAL RESIDENCE (Where dece odmission) STATE Maryland		13c CITY OR TOWN 13d MSIDE CTY	THE STREET OF THE STREET	
Ŀ	Mary Land	Anne Arundel	-10WIIDV-ALIG	XX Bax 17	
1	THEORDS HAME FIRST	M.ddle Lost	IS MOTHER'S MAIDEN NAME	First Middle	lost
Ī	160 WAS DECEASED EVER IN U.S. A. Yes, no, or unknown) [17 yes giv	MED FORCES? 16b. SOCIAL SECURITY war or dates of service	NO HT DEFORMANT	Address Address	Bus Mh
ŀ	ID CAUSE OF BEATH IS	-1	Jucuny	<u>iercerinaile</u>	LN WILLIAM IN WALL
1	PART I DEATH WAS CAUS	only one couse per line for (o), (b), ond (c) ED BY Congestiv	e heart failure	2	BETWEEN ONSET AND DEATH
П	TMMED .	IATE CAUSE (o)			
	Conditions, if any, which gove	Arterioso	lerotic cardio	vascular disea	se years
	rise to immediate couse (a)				
П	lost underlying couse	(c)			
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(o)	
	None				
		CONDITION FOR WHICH OPERATION WAS PE	REORMED 200 AUTOPSY?	206 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
1	None N	A	YES 🔼 X NO	CAUSES OF DEATH? YE	es
		NG 21b. TIME OF INJURY ATH HOUR A.M. Month Doy Yeor	21c HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Port 2	, Item IB.)
	a (If either, notify medical exam	iner) PM. 1	9		
1	21d INJURY OCCURRED 21. While Not while at wark of work	PLACE OF INJURY (AT HOME FARM, STREET FA OFFICE BUILDING, ETC	(TORY) 21f LOCATION Street or RFD No	City or Town	County State
1	22a. I certify that (I) ?	As Kespitel attended the decease alive on March 6,	ed from March 2 , 19t	9 to March / 1	9_69 , that (I) (AVAY last
1	saw the deceased	nive on March 6,	9 6 9, and that in (my) (68) ap	inian death accurred an the d	late and haur and fram the
1	22b SIGNATURE	e, (i) *(we) (did) (did net) view the	bady after death.		DATE CLOUD
	Ch	moletine.	DEGREE PHYS		DATE SIGNED 7, 1969
	22d PHYS CIAN S Charl	es W. Kinzer, M		ay Ave., Annap	-
-			1		
4	Benevalioner 3	-10-1969 MM	EMETERY OR CREMATORY	Medie Town	eld Mille
1	FUNERA DIRECTOR	ADDRESS	11/1/	BY REGISTRAR 256 REGISTRAR	
	WELLEMIT	ewetternia	DATE AN	10 1969 PCho	was Indee



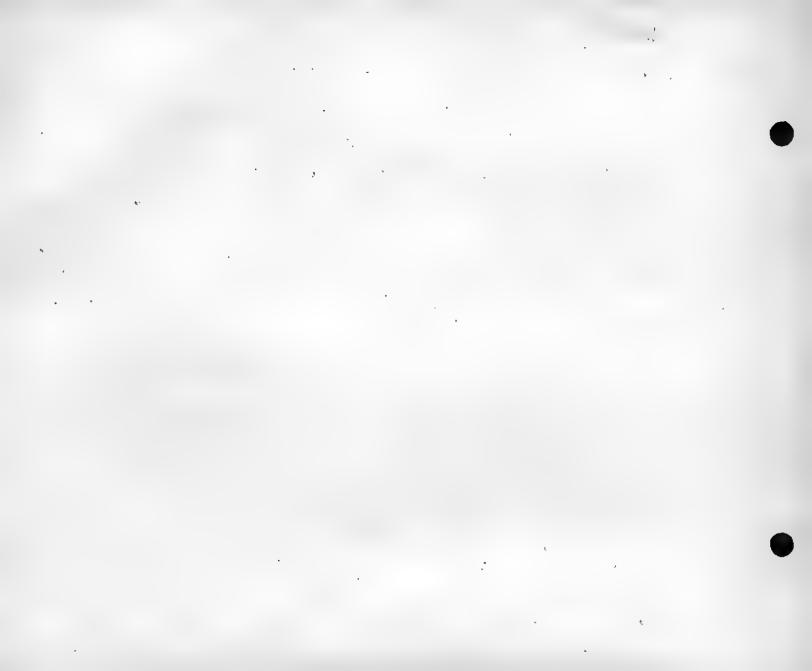
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03318 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day 2b HOUR (Type or Print) ESTIny deloy is 2, and 3 to PM3. Poge JONES DEATH MATED _ March 17, 1697:304 THOMAS of Μ. Department 4 RACE 6 AGE (n years IF UNDER 24 HRS 3 SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR 2, and P.M3. HOURS Male Negro MarchDoy 17, Year 169 3/7/1934 7:30 MA 35 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Office olong with form Anne Arundel WIDOWED / DIVORCED [7] Stote I Anne Arundel Hem 18. Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (kind of work done 12b KIND OF BUSINESS OR g ve street oddress) Box 140 Drury design of the state of the stat and 2 with the Drury 130 USUAL RESIDENCE (Where deceased ived, if institution. Residence before 13c CITY OR TOWN 13d HNS. DE CITY LAMITS? deoth, 38 STREET AND NUMBER odmission) STATE Maryland 13b COUNTYAnne Arundel Drury Box 140 YES NO NO ofter 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME E rst Sellman Thomas Jones Marjorie migaria hours 160 WAS DECEASED EVER NUS ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS be executed within (Yes, no, or unknown) (If yes give war or dotes of service) Marjorie Jones Drury, Maryland director. Page 4 should be forwarded to the Chief Medical Ext event within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY Gunshot wound of head IMMED ATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave rise to immediate cause (a), This certificate should writing the word ony DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2. OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal, CERTIFICATION 19a, DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? (head-on pe or 1969 Cara Courrett (Enter nature of injury in Port 1 or Part 2, Item 18) 21b. TIME OF INJURY Month, Day, Year ö 21g EXTERNAL CAUSE WAS 3 should MEDICAL PR MARY OR CONTRIBUTING cremation, Self-inflicted gunshot wound of head CAUSE OF DEATH 21d N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK AT WORK Rte. 140 M.D. Home Drury 22a | certify that | taok charge of the remains described above, held an (head-only) Inspection Inquiry . and in my apinian Suicide 🗙 death resulted from. Natural causes Accident 1 Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 226, DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 moy 70 FUNE **EXAMINER'S** Ronald N. Kornblum, M.D. NAME (Type) ADDRESS(Street city town, or county) the 230 BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Burial 22/69 Bristol, Maryland Moses/Cemeterv 25a REC D BY REGISTRAR VR A15ME (\$) Benning Road, NUEW 10M RE / 1/68

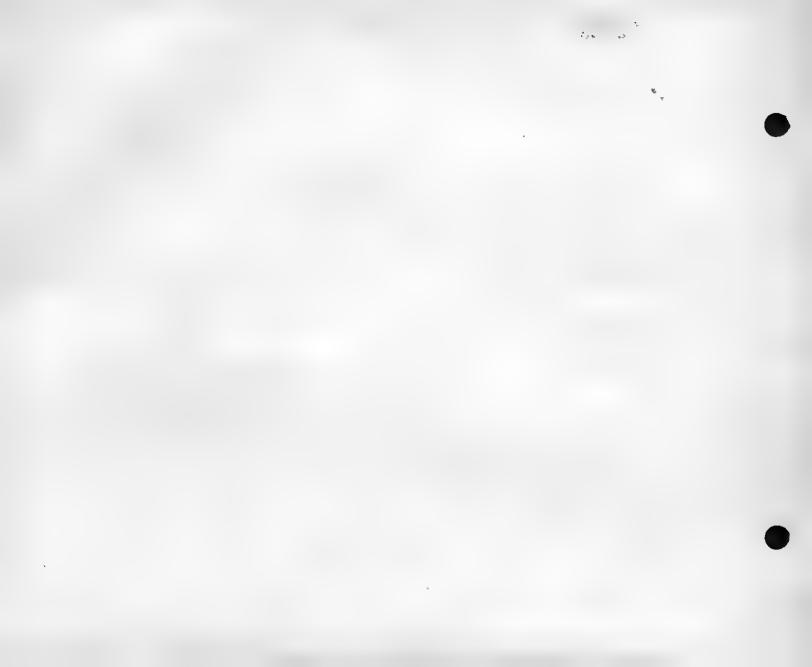
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	1			MARYLAND S	TATE DEPART	MENT OF H	EALTH			
1		0.3325	DIVISION OF VITA	L RECORDS, 301	W. PRESTON S	STREET, BALTII	MORE, MAR	YLAND 21201	2319	
- 2	1.0	ECEASED-NAME First		M.ddle	TIFICATE O	PUEAIH				
1 and 2 er death.		Type ar print)				-	2a. DATE OF	Month Day	Year	2b. HOUR
nours arrer a	3. 5		ie 4. RACE	James	Joynez S. DATE OF			3/2]/6 6. AGE (n years		6:45M
		Male	Negro					last birthday)		HOURS MIN
	70		b. CITIZEN OF WHAT COI	UNTRY? 8 a	ARRIED NEVER A	5/29/48	COUNTY OF	20 YRS.		- -
	can	North Carolin		n n		VORCED []			Committee	1
,	10	CITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTITUT	human			e Arundel (Kind of wark done	12b KINO OF BE	Md PO 224VIZI
()		Laurel	give street of	ddress) Children			tof working l	fe even fretred)	INDUSTRY	JINESS OK
1	13a	USUAL RESIDENCE (Where deceased	liver, if institution, Re	sidence before 13c	CITY OR TOWN	13d. INS DE CITY JIM	1757 13e STR	EFT AND NUMBER		
%.	V	vashington, D. C	135 COUNTY			YES NO	<u> </u>	215 6th St	N.W.	
-7	14, 1	FATHER'S NAME First	Middle	Last	is. Mother's	MAIDEN NAME Fire	st	Middle		Last
_)	L		Mack Joyne			M	attie	Lee	Perki	ins
			D FORCES? or dates of service)	DCIAL SECURITY NO	17 INFORMANT			Address	Laur	cel, Md
	⊨	No	- No		D.C.	Children	's Cen	ter Hospit	al.	
		18. CAUSE OF DEATH (Enter on y PART DEATH WAS CAUSED	one cause per line far (a), (b), and (c))		_			APPROXIMAT BETWEEN ONSE	E INTERVAL IT AND DEATH
		IMMEDIATE	CAUSE (e)		elleman	u LU	<u></u>			
17		Canditions, if any, which gave	DUE TO, OR AS A CO	1 1	~ /	1 M	1	1 There		
		rise ta immediate cause (a),	(b) Fal		eurpa	w / lude	eliklu	dystraphy		
		stating the underlying cause	DUE TO, OR AS A CO	NZEMINENCE AL						
		PART 2 OTHER SIGNIFICANT COND		DEATH BUT NOT RE	ATED TO THE TERMI	MÅL DISFASE ORCO	NOITION GIVEN	IN PART 1(a)		
	_				to the lenning	THE D SEASE VICEV	NOTITION DIFER	11 1 AK 1 (u)		
1	AT ON	19a. DATE OF OPERATION 19b. CO	NOITION FOR WHICH OPE	RATION WAS PERFORI	MED 20c AU	ITOPSY?	20b IF	YES, WERE FINDINGS CO	ONSIDERED IN CERT	DEYING
/	CERTIFICAT				YES [NO [CAUSES	OF DEATH?		
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Mont	h Oay Year			nature of injury	r in Part 1 or Part 2, 1	lem 18)	
	MEDICAL	(If either, notify medical examiner) P.M.	19						
	26	21d INJURY OCCURRED 21e PL White Nat where	ACE OF INJURY (AT HOME	FARM, STREET FACTORY.)	21f. LOCATION St	reet or R.F.D. No	City o	or Tawn	County	State
		OLINOIK OLIMBIK			67167					
		22a. I certify that () (this saw the deceased aliv	hospital) offended	the deceosed fr 1/69—19	om 6/10/	, 196 <u>5</u>	, to	3/21/_ , 19_ccurred on the dat	69 , that (4	(we) lost
		causes stated obave,	(we) (did) (dig pi	ot) view the bady	after death.	my) (aur) apini	iuli death a	ccurred on the da	re and naur ar	id fram the
,		22b SIGNATURE	77		ATTEM	DINC UC		220 0	DATE SIGNEO	
- /		manut	mala	miD	DEGREE PHYS	DING MEI	ECTOR L	11114	/2]/69	
1		22d. PHYSICIAN'S NAME (Type)	_	f .	22e A	DDRESSD. C.		ren's Cent	er Hospi	tal
		Margar		.D.			1. Md.			
a	23a	BURIAL, CREMATION, 23b DA REMOVAL (Specify)		23c NAME OF CEMET	ERY OR CREMATORY	f	23d LOCATION	(City of Town)	(County)	(State)
19	24	FUNERAL DIRECTOR	27-69	ADORESS	no lin	2Sq. REC'D BY	DECISTRAD	ack programme	ICL ATURE	
N.	1	in a self-	uneral to	laring &	a self	DAPR	1 1969	2Sb. REGISTRAR'S	SIGNATURE	
	1	THE COURT TO SAME			The	nitated 1.7	I MAC	17-	3	



	MARYLAND STATE DEPARTMENT OF HEALTH					
1	1	20000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
//		03326	CERTIFICATE OF DEATH	03320		
로 _ 8년		ECEASED NAME First	Middle Last 2a DATE OF DEATH	2b. HOUR		
eral and deat		(xpe or print) (ANA	VA) KATACULOS Month Doy	Year 9 M		
fun Fer o	3 5		4 RACE S DATE OF BIRTH 6 AGE (In years 15)	UNDER I YEAR IF UNDER 24 MRS.		
s aft the tages rs aft	L	Female	While 5/1/96 72" YRS.	THS DAYS NOURS M.N.		
houn by	7o. cau	BIRTHPLACE (State ar fareign ntry) GRECC	75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED A PLANTS	10. 1		
2A de	10	ITY OR TOWN OF DEATH				
within san' p	G	len Burnie.	MD give street oddress) NORTH AREWORD during most of working life, even if retired.)	26. KIND OF BUSINESS OR INDUSTRY		
nplete cark	13o.	USUAL RESIDENCE (Where decear	136 STREET AND NUMBER 136 COUNTY 136 STREET AND NUMBER 136 COUNTY 136 STREET AND NUMBER 136 STREET AND NUMBER 137 NO STREET AND NUMBER	* StearT		
X xer	14	FATHERS NAME First	Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last		
on and and and and and and and and and an	1	Paul	Mar V	CQS1		
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. Funeral DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled-in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pages: Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within A hours after death.		. WAS DECEASED EVER IN U.S. AR/ (es, no, or unknown) (If yes give v	AED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Rata culps, 8626 E.	Bang St.		
rear The p		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c)) A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
ndir iit.		PART 1, DEATH WAS CAUSE	D BY. ATE CAUSE (a)	3020ngh 2		
affe erm		4124	DUE TO, OR AS A GONSEQUENCE OF			
the state	L	Canditians, if any, which gave	4SCUD			
that oby 1 cans	П	rise to immediate cause (o), (stoting the underlying couse(DUE TO, OR AS A CONSEQUENCE OF			
es sicio ed led la		last	(c)			
phy sign buri buri	l	PART 2. OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)			
w reling sen the	8					
tend tend is b as pria	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING		
± ± ± ± ± 1	E		AF2 NO			
AN: of all all all all all all all all all al		21 a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF GEA	IG 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item HOUR A.M. Manth Day Year	1 18.)		
Signature of the second of the	MEDICAL	OR CONTRIBLTING CAUSE OF CEA	ner) PM 19			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, cree	~	21d. INSURY OCCURRED 21e. While Nat while at work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	ounty State		
OR ATTENDING be retained by the IRECTOR: After the e 3 should be ded with the State	П	22a. I certify that (I) (th	is haspital) attended the deceased fram, 19, ta, 19, 19, 19, and that in (my) (aur) apinian death accurred an the date	, that (I) (we) last		
ed Led Led Led Led Led Led Led Led Led L	ш	saw the deceased a	live an19, and that in (my) (aur) apinian death accurred an the date e, (1) (we) (did) (did pot) view the bady after death.	and haur and fram the		
TI Sain H	П	22b. SIGNATURE		E SIGNED		
REC 3 s J will	П	220. SIGNATURE	ATTENDING MED. STAFF	E SIGNED		
		22d PHYSICIAN'S	DEGREE PHYS. DIRECTOR PHYS			
RAI Pe	1	NJCME (Type)				
ro Hospital. Page 4 may fo FuneRal if	230	BURIAL, CREMATION, 23b.	DATE } / 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	County) (State)		
H Special States	100	REMOVAL (Specify)	3/27/69 Green Orthodox Cem, Baltimore, 1	Virl.		
E E 83	24	FUNERAL DIRECTOR	ADDRESS 2So. REC'D 8Y REGISTRAR 2Sb. REGISTRAR S SIG	NATURE		
30M REV. 1x68		Nicholas To	Matthews Raltimore Hil MAR 28 1969 Kurania	Judge		





	03328 Susan	DIVISION OF VITAL RECORDS	CERTIFICATE OF DEATH		03322
1 0		M⊧ddle	lost	20 DATE OF DEATH	2b. HOUR
		miudie	Kerbe	March Month 22 Day	1969° // A.M
3 SE	r Emale	4 RACE White	s. date of birth 9/29/89	6 AGE (In years last buthday) YRS.	MONTHS OAYS HOURS MIR
	trv)	75. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED X DIVORCED	9 COUNTY OF DEATH Anne Arundel Co.	Md
-	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I	during	mast of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY Outle Home
130 admi	USLAC RESIDENCE (Where decedession) STATE Marylan	sed lived, if institution Residence before d 13b. COUNTY Anne Arund	13c. CITY OR TOWN 13d. INS DE CT	Y LIMITS? 13e STREET AND NUMBER	. Magothy Beach
14. F		Middle tast	- has a second a seco	First Middle	lost
1/-			AND 117 INCORMANT		
Y.	SS. no. or unknown) (If yes give	was as dates at cene. et			Same as Innd) # 13
	PART I. DEATH WAS CAUS IMMED Conditions, if only, which gave use to immediate couse (a) stating the undersying couse lost	D BY: IATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O (b) DUE TO, OR AS A CONSEQUENCE O (c)	ASHD C	leus, irilayo	BETWEEN ONSET AND GEATH
MOIN	Ob	esit, Lyne	Vannon	RCONDITION GIVEN IN PART 1(0)	CANCAPTED IN CENTERIAL
3	19a DATE OF OPERATION 119b	, CONDITION FOR YERICH OF ERPORATION TYPIC	TEKTOKALED [ZUG. AUTUF311		CONTINEKED IN CEKTELLING
ERTIFI			YES NO	CAUSES OF DEATH?	
	21 a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF OE. (If either, natify medical exort	NG 21b TIME OF INJURY HOUR A.M. Month Day Yeo iner) P.M.	YES NO 21c HOW INJURY OCCURRED (EI	CAUSES OF DEATH?	Item 18.)
MEDICAL	21a. ACCIDENT WAS UNDERLY! or Contributing cause of or. (If either, natify medical exam 21d Maury Occurred While Authority at work	NG 21b TIME OF INJURY HOUR A.M. Month Day Yea P.M. P.M. (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.)	YES NO 17 19 19 19 19 19 19 19 19 19 19 19 19 19	CAUSES OF DEATH? oter nature of injury in Part 1 or Part 2, No City or Town	Item 18.) Caunty State
MEDICAL	21a. ACCIDENT WAS UNDERLY! or Contributing cause of oc. (If either, natify medical exom 21d Mailery OCCURRED 21e While at wark 220. 1 certify that (1) (1) saw the deceased	NG 21b TIME OF INJURY HOUR A.M. Month Day Yea P.M. P.M. (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.)	YES NO NO TENT 19 ACTORY.) 21f. LOCATION Street or R.F.D. Sed from 3-2/-19 20 ond that in (my) (our) county.	CAUSES OF DEATH? oter nature of injury in Part 1 or Part 2, No City or Town	Item 18.) Caunty State
MEDICAL	21 a. ACCIDENT WAS UNDERLY! or Contributing auss of or. (If either, natify medicol exort 21d Natury Occurred While at work 22o. 1 certify that (1) (1) sow the deceased couses stated above 22b. SIGNATURE	NG 21b TIME OF INJURY HOUR A.M. Month Day Yea P.M. AT HOME, FARM STREET, OF INJURY (AT HOME, FARM STREET, OFFICE BUILDING, ETC.)	yES NO NO TELEPHONE NO NECTORY. 21c HOW INIURY OCCURRED (E. C.	CAUSES OF DEATH? Ther nature of injury in Port 1 or Port 2, No City or Town 162, to 3-22, 19 Appinion death occurred on the death	Caunty State Caunty State 4 4, that (I) (we) lost ate and hour and from the DATE SIGNED
MEDICAL	21a. ACCIDENT WAS UNDERLY! or Contributing cause of oce (If either, natify medical exort 21d Majury OCCURRED 21e work at work 22o. 1 certify that (1) (1) sow the deceased couses stated above 22b. SIGNATURE 22d PHYSICIAN S NAME (Type)	NG 21b TIME OF INJURY HOUR A.M. Month Day Yea P.M. AT HOME, FARM, STREET, OFFICE BUILDING, ETC. This hospital) attended the deceo plive on The, (1) (we) (did) (did not) view the	YES NO NO TENT 19 PACTORY.) 21f. LOCATION Street or R.E.D. sed from 3-2/-19 LOCATION (my) (our) of the body offer deoth. DEGREE PHYS. 22e. ADDRESS 32J Hys.	CAUSES OF DEATH? The nature of injury in Port 1 or Port 2, No City or Town 169, to 3-22, 19 popinion death occurred on the do MED. DIRECTOR STAFF 22c. On tol Drwe 9	Caunty State 64, that (1) (we) lost of and hour and from the DATE SIGNED -2769 Burne, Ha
MEDICAL	21 a. ACCIDENT WAS UNDERLY! or Contributing cause of oce (If either, natify medical exort 21d Majury OCCURRED 21e di wark at wark 22o. 1 certify that (1) (1) sow the deceased couses stated above 22b. SIGNATURE 22d PHYSICIAN S NAME (Type) Certify that (2) 8URIAL, CREMATION, 23b.	NG 21b TIME OF INJURY HOUR A.M. Month Day Year P.M. P. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.) This hospital) attended the deceptive on the property of the property	yES NO	CAUSES OF DEATH? Internature of injury in Port 1 or Port 2, No City or Town Cay to 3-22, 19 Internature of injury in Port 1 or Port 2, No City or Town MED. STAFF 22c. DIRECTOR STAFF 3 MED. S	Caunty State Caunty State 64, that (1) (we) lost of and hour and from the DATE SIGNED COUNTY (State)
	3 SE2 70 8 count 10 (10 11 11 11 11 11 11 11 11 11 11 11 11 1	Type or print) Susan 3 SEX FEMALE 70 BIRTHPLACE (Stote or foreign country) Maryland 10 CITY OR TOWN OF DEATH Glen Burnie 130 USLAL RESIDENCE (Where deceded admission) 14 FATHER'S NAME First (unknown) 160. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) 18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUSINAME) Conditions, if ony, which gove one to ammediate couse (a) stating the undersying couse with the part 2. OTHER SIGNIFICANT OC.	Susan 4 RACE White To BIRTHPLACE (Stote or foreign country) Maryland U.S.A. II NAME OF HOSPITAL OR! Glen Burnie II NAME OF HOSPITAL OR! Give street oddress No III NAME OF HOSPITAL OR! GI	Susan Sex Female White S. Date of Birth 9/29/89	Type or print Susan

MAKTIAND STATE DEPARTMENT OF HEALTH

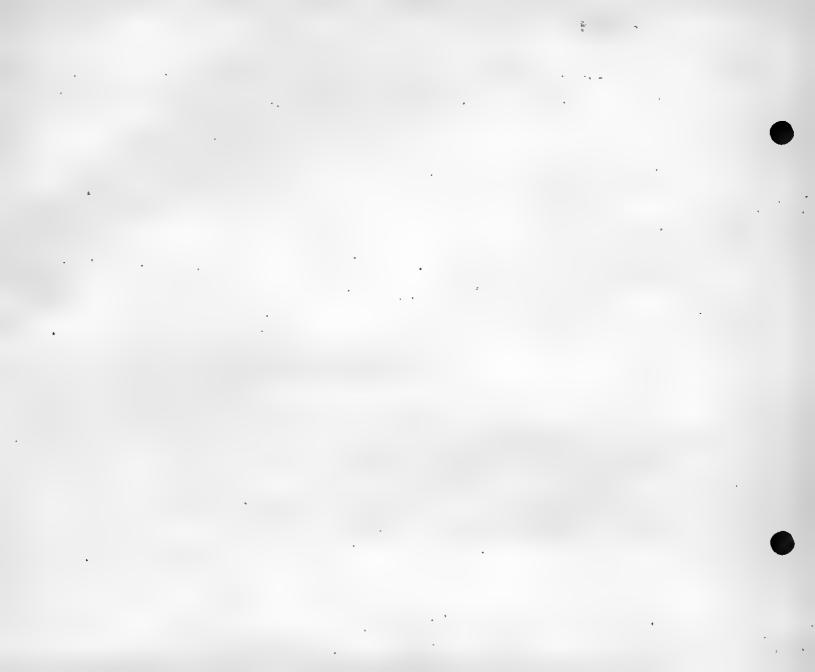




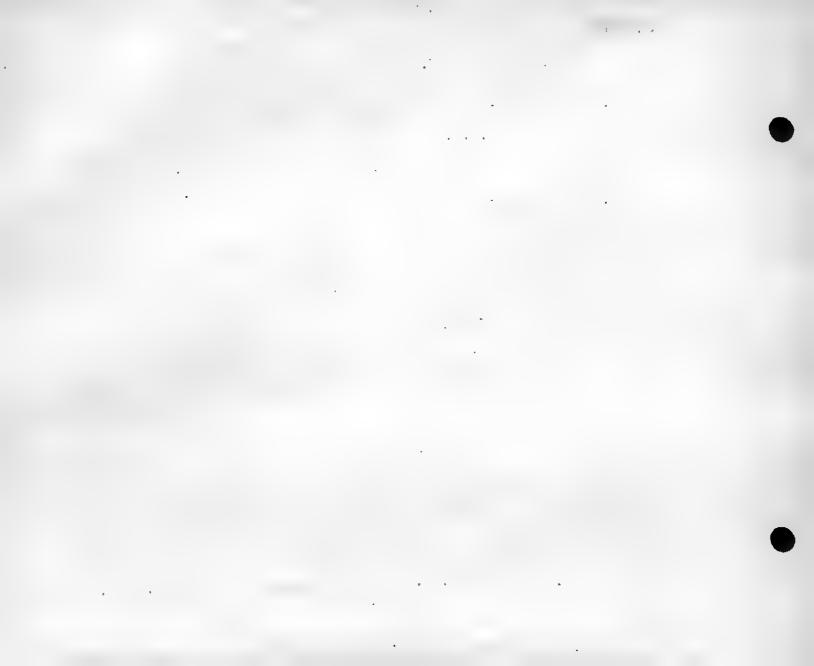
_	1	*		TE DEPARTMENT OF		
-		03330	DIVISION OF VITAL RECORDS, 301 W	I. PRESTON STREET, BA FICATE OF DEATH		03324
÷ - ÷ +		ECEASED-NAME Firs	Middle	Last	2a DATE OF DEATH	2b. HOUR
er deoth funerol l ond 2 er deoth	'	Type or print) J	hn Anthony	Klein	Manth Doy	Year 8:a M
15 - 15	3 5	EX	4 RACE	S DATE OF BIRTH		IF UNDER 1 YEAR # UNDER 24 HRS
haurs after deoth n by the funerol s. Pages 1 and 3 Mours over deoth		Male_	Negro- White	6/16/3	lost bythday)	MONTHS DAYS HOURS MIN
Pa Pa	70	BIRTHPLACE (State or fareign		RIED NEVER MARRIED	9 COUNTY OF DEATH	
equires that the deoth certificate be executed within 24 he physician. Signed by the ottending physician and completely filled in burial-transit permit. Then please remove corban papers, burial, cremation, or removal, and in any event, within 72.7		^{ntry)} Washington		VED DIVORCED	Anne Arundel	Md
E 1 1 2 2 2		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION	(finat in hospital 12a d	S.JAL OCC. PAT.ON (Kind of work done	10h KIND OF DUCINESS OF
\$ \$ \$ \$ \$		Crownsville	give street address) Crownsville Sta	te Hospital R	mast of warking life, even if retired.) Qubpment Operatorium. S7 13e. STREET AND NUMBER	INDUSTRY
pole to the total	13a. odm	USUAL RESIDENCE (Where decedission) STATE	ed lived, if institution: Residence before 13c. CIT			
com cowe / ev		Marylan	A A W	est River YESK	Box 4582 Che	rry Point Rd.
ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed etained by the haspitol or ottending physician. CTOR: After this certificate hos been signed by the ottending physician and comple should be detached for use as the burial-transit permit. Then please remove covirth the State Dept. of Health prior to burial, cremation, or removal, and in any event	14	FATHER'S NAME First	Middle Last	15 MOTHER S MAIDEN NAME	First Middle	Last
se a			W. Klein		Cecilia	Ofenstein
cate Sicio Sea Jea		. WAS DECEASED EVER IN U.S. AR (es, no, or unknown) ("Yes give	ED FORCES? 16b SOCIAL SECURITY NO.	17 INFORMANT	Address	
phy en production		no (213 36 5824	Hospital Reco	ords, Crownsville St	ate Hospital
em e		18. CAUSE OF DEATH (Enter o	y one cause per line far (a), (b), and (c),)			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
eotl mrt.	ı	PAKI I DEATH WAS CAUSI	BY TE CAUSE (a) Severe acute pu:	lmonary edema	and congestion	
office of on,		5000	DUE TO, OR AS A CONSEQUENCE OF			
t th sit	L	Conditions, if ony, which gave rise to immediate cause (a).	(b) Focal broncho	neumonia, bas	al	
tha by ron ren	L	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
sicion sicion of, o		last.	(c) Chronic alcoho	olism.		
phy phy sign buri	L	PART 2 OTHER SIGNIFICANT CO	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATI		R CONDITION GIVEN IN PART 1(a)	
te low re trending os been os the prior to	z	Malnutritio	: æute esophagitis			
lov Propries	Ī	190. DATE OF OPERATION 196	ONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
AN: The low roll of or ottending icate has been for use as the Health prior to	CERTIFICATION			YES NO	CAUSES OF DEATH?	
ate eoli	189	210. ACCIDENT WAS UNDERLYI	2 21b. TIME OF INJURY 21		hter nature of injury in Part 1 or Part 2, Iti	am 18)
iffic difficulty of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	er) HOUR A.M. Month Day Year			
hasp cer che	뿔	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 2	f LOCATION Street or R.F.D.	Na. City or Tawn	County State
this De	L					
ING Day 1 Ther Se o	П	22o. I certify that (!) (th	s hospitol) ottended the deceased from tive an19 69, (!) (we) (did) (did nat) view the body of	2/27, 19	_69, to3/3/_,19_	69, that (I) (we) lost
ed led led led Sed led	L	saw the deceased o	ive an 3/3 19 69	and that in (my) (aur) o	ipinian death occurred on the dot	e and haur ond from the
THE POOP	ı	22b, SIGNATURE	(1) (we) (aid) (aid not) view the body of	ter deoth	· · · · · · · · · · · · · · · · · · ·	
A KEC 3 S S S S S S S S S S S S S S S S S S		220, SIGRATURE	Vos 11. Voll to W	ATTENDING -	MED STAFF - 2/	ATE SIGNED 5/69
Day be		22d. PHYSICIAN'S	as /civeman	DEGREE PHYS 220. ADDRESS	DIRECTOR L PHYS L 3/	3703
RAI RAI		NAME (Type)	,		.11e State Hospital	Maryl and
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crea	220	BURIAL, CREMATION, 23b	ATE 23c NAME OF CEMETERY			
Pog Office Sho		DEMONIAL ACCOUNTS			23d. LOCATION (City or Town)	(County) (State)
E-5	24	FUNERAL DIRECTOR	7/69 Parklawn y's Funeral Home Mar	OSA PICE	Rockville, Mo	
VR A15		Home Inc	y's Funeral Home, M	to Rain I MAR		
112	_			A TELIO, L MANIEL	T 7 1000	0



	1				PARIMENT OF HEAD			
		03331	DIVISION OF VITAL RECORD			RE, MARYLAND 21201	03326	
	1 0	CEASED NAME	First Middle	CERTIFICA	TE OF DEATH	, DATE OF DEATH		IL LIDUE
र्व रेड्ड		ype or print)	ADDETA D	KRI	DAF P	Month	Doy Year	Ph HOUR
1775	3. SE	x	4 RACE ,		DATE OF BIRTH	6 AGE (In years		NDER 24 HRS.
requires that the death certificate be executed within 24 hours ofte g physician. signed by the ottending physician oud completely filled in by the n signed by the price remover carbon papers. Pages a burial-transit permit. Then please remover carbon papers. Pages o burial, crematian, or removal, and va any event, within 72 hours often		Female	= linlerte-	-	7/2/78	last birthday)	MONTHS DAYS HOLI	
by t Po ours	70 E	IRTHPLACE (Stote or fore gr	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED	MEVER MARRIED 9 CC	DUNTY OF DEATH	0.	
ond completely filled in by remover carbon papers. Programmer within 72 hour	canu	try) mal	USA	MIDOMED \	DIVORCED A	une Aroud	0	Md
	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (if not in	hospital 12a USUAL OC	CJPATION (Kind of work do	ne 126 KIND OF BUSIN d.) INDUSTRY	IESS OR
LOO I	14	MMgbolis	give street address) - HWHA DRUS C deceased lived, it institut an: Residence before	OHUELES		working ife even if retired	3.3 INDUSTRY	
burial, crematian, or removal, and a <u>any e</u> vent, within 72 hours ofter	13a. odmi	usual RESIDENCE (Where o	deceased lived, if institut an: Residence before 13b COUNTY	e 13c CITY OR TO		23 FRANC	.1s St.	
वै	14. F	ATHER S NAME First	Middle Last	15 M	OTHER'S MAIDEN NAME First	Middle	Lo	ast
burial, crematian, or removal, and a		ichdel	Levi	M	dry Mora	Ult2		
e,		WAS DECEASED EVER IN U.S es, no, or unknown) (If ye	.S. ARMED FORCES? 16b SOCIAL SECURIT	11-11-		Address	1	_/_
	H		920-48	8436 Lte	ove w	OBJEL TILHO	IPO/IS MC	TERVAL
Le L		PART I. DEATH WAS O	nter only one couse per line for (a), (b), and a CAUSED BY MMEDIATE CAUSE (a)		0., 10,	,	APPROXIMATE IN BETWEEN ONSET AL	ND DEATH
5 c`		4379	MMEDIATE CAUSE (a)		- Lucy fice	endy .	5 days	
9110		Conditions, if ony which	gove)	HOO OH	Lennecloupe		ank	140 A.
		rise to immediate cause stating the underlying co		OF Y			- Poster	
		last,						
		PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	IE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(a)		
_	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDING	S CONSIDERED IN CERTIFY	YING
2	THE				YES NO NO	CAUSES OF DEATH?		
Ψ'	II CEN	21a. ACCIDENT WAS UNDE		21c HOW	INJURY OCCURRED (Enter natu	ure of injury in Part 1 or Port	2, Item 18.)	
	MEDICAL	(If either, notify medical e	exominer) P.M.	19				
	2	21d. INJURY OCCURRED While Not while	21e PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 216. LOCAT	TON Street or R F D No.	City or Town	County	State
		of wark of work	(I) (this hospital) ottended the deced	and from	11 /1 , 1966	, to3/25-	19 <i>69</i> , that (I)	(we) lost
ž a		saw the deceas	sed alive an 3/19	_19 <i>69</i> _, and th	nat in (my) (esse) apinion	death accurred on the	dote ond hour ond	from the
			obove, (I) (and) (did not) view th	e body after dea	th.			
with the		22b SIGNATURE	11040	JEGREE DEGREE	ATTENDING MED.	C STAFF C	22c DATE SIGNED	
. 6		22d. PHYSICIAN'S	241 - C-1 WELT 2861	acy DEUKEE	PHYS 42 DIRECT 22e ADD24SS	OR PHYS.	1)	
d be		NAME (Type) (6)	Murray Avenue		Annapo	lis m	d.	
should be filed with the Stote Dept. of Health prior to	230.	BURIAL, CREMATION, SREMOVAL (Specify)	1 1 2 1/2 01	OF CEMETERY OR CRE	MATORY 230		(Caunty) (St	tate)
	24	REMOVAL (Sperify) FUNERAL DIRECTOR	3/27/69 >+ ADDRE	ma vys	25a. REC'D BY REC	GISTRAR 25b. REGISTRA	AR'S SIGNATIFIE	1 <u>d</u>
ATT THE STATE	7	Lowis A	I this luct. A	apolis 1	U/ OAMAR 2	7 1969 200	AR'S SIGNATURE	
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1		03332	Div	ISION OF V					E, MARYLAND 21201	0332	27
	L	0000%				CERTIFICA	TE OF DE	ATH			
ter death		ECEASED-NAME Type or print)	Geor	ge	M-ddle	ŀ	iramer#2		DATE OF DEATH Month 2	v 6,2	25 HOUR B: 10 PM
Izavis ofter o	3. 5		4,	RACE			DATE OF BIRTH		6 AGE (In years	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS.
	L	Male		Whi			7/17/9		los birthdoy) YRS.	monins Days	PUUKS MIN
		BIRTHPLACE (State or forei		ITIZEN OF WHAT] NEVER MARRIED [UNTY OF DEATH		
	10	CITY OR TOWN OF DEATH		<u> </u>		WIDOWED [5	23		Inne Arundel		Md.
		Crownsvill		give str	E OF HOSPITAL OR IN eer oddress) Ownsvill	e State	e Hospit	to. USUAL OCC.	JPATION (Kind of work done work no life even if ref red)	126 KIND OF INDUSTRY	BUSINESS OR
-	13a oda	USUAL RESIDENCE (Where ussion) STATE		dd, if institutiar to COUNTY_	Res dence before	13c. CITY OR T	own 13d INS	DE CITY LIMITS?	13e STREET AND NUMBER 6 5. Cheste	r Avenu	18
		FATHER'S NAME First	rles	Middle	Krame		Mother's Maiden Bertha	NAME First	Middle		Last
		WAS DECEASED EVER IN L (es, no or unknown)	5. ARMED FC yes give wor or da	ORCES?	66 SOCIAL SECURITY I	10 17 INI 22 91 1	ORMANT Hospital	Recor	'ds Address		
		1B. CAUSE OF DEATH (E PART I DEATH WAS	MINIEU IATE OF	USE (0)							MATE INTERVAL MSET AND DEATH
		Conditions, if any, which	e (a) ((D)	A CONSEQUENCE OF	genic	Ca	-,			
		stating the underlying lost)	(c) (2	A CONSEQUENCE OF Pulmona						
· d	×	PART 2. OTHER SIGNIFICA	INT CONDITIO	NS <u>Contributin</u>	IG TO DEATH BUT N	OF RELATED TO 1	'HE TERMINAL DISE/	ASE ORCONDITION	ON GIVEN IN PART 1(a)		
4	CERTIFICATION	19a. DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATION WAS PE	RFORMED	20a AUTOPSY?	NO 🐷	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
	MEDICAL CES	210 ACCIDENT WAS UNE OR CONTRIBUTING CAUSE (If either, not by medical	OF DEATH	21b TIME OF 10 HOUR A.M P.M.	JURY Manth Day Year		INJURY OCCURRED		a of injury in Port 1 or Part 2,	Item IB)	
	MEI	21d INJURY OCCURRED While Not while of work			HOME FARM, STREET, FAC FICE BUILDING ETC.	TORY,) 21F LOCA	ATION Street or R	FD No.	City or Town	County	Stote
		22a I certify that a	(i) (this hossed alive above, (i)	spital)_atten an3/2 (we) (did) (d	ded the decease 3 lid nat) view the	d from 969 and bady after de	thot in (my) (or ath,	, 19 <u>65</u> , ur) opinian c	to3/23, 19 death occurred on the d	69 , that ote and hour o	(I) (we) last and fram the
		22b. SIGNATURE	(:	/, .		DEGREE	ATTENDING PHYS	MED.	STAFF Z2c.	DATE SIGNED 3/24/69	
Aguid be med		22d. PHYSICIAN'S NAME (Type)	A. Gor	nzalez,	M. D.'		22e ADDRESS	ville :	State Hospit	al Marv	land
	230	BURIAL CREMAT ON,	23b DATE 3/25	/1469	CARED	NMOU	EMATORY	23gL	LOCATION (City or Town)	(County)	(State)
	24	FUNERAL DIRECTOR	Bene	elley 1	fluidas	le, un	250	RECD BY REGS	STRAR 25b. REGISTRAR		el.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03328 03333 CERTIFICATE OF DEATH death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if ignitution Residence of are gardission) o. COUNTY I o. STATE COUNTY after MARYLAND the CITY DR TDWN (If outside carparate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RJRAL and give mearest town à MORE .⊑ papers. d-NAME DE HOSP TAL OR INSTITUT ON (19 not in hospital, give street address d STREET ADDRESS IS RESIDENCE DN A FARM? Filled NO I YES 4. DATE OF DEATH WI W NAME OF First Middle remove carban Doy Year and campletely DECEASED director, page 3 shauld be detached for use as the burial-transit permit. They please remove cark showd be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, (Type or pant) SEX IF UNDER 1 YEAR 6. CDLOR DR. RACE 7 MARRIED AGE (In years NEVER MARRIED Months Dovs Hours WIDDWED K DIVORCED 10b, KIND OF BUSINESS OR 100 USUA, OCCLPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY ? 13. FATHER'S NAME 14 MOTHER MAIDEN NAME getmit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 16 SOCIAL SECURITY ND Address (Yes, na, ar unknown) (If yes give war ar dates of service 18 CAUSE OF DEATH (Enter only one cause per lige for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the a burial-transit ge INTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stoting the underlying couse **O HOSPITAL OR ATTENDING PHYSICIAN:** The taw re Page 4 may be retained by the haspital ar attending this certificate has been last UTOPSY RMED? OTHER SIGNIFICANT CONDITIONS CONTRIB HING/TO DEATH BUT CERTIFICATION NO X YES. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF NURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm. 20f (City or town) (County) (State) Hour a m factory, wheet, affice bidg, etc." Not While After at work 21. I certify that (1) (this haspitally attended the decoased fram and that death/accurred 5/3091 M, from causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alph of 22a BIGNATURE DATE SEGNED MED. DIRECTOR **ATTENDING** M.D PHYS. PHYS PHYS CIAN S 22d-ADDRESS NAME (Type) BURIAL, CREMATION LOCATION (City or Town) NAME OF CEMETERY CREMATOR (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR 25a REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



	1	n +		AND STATE DEPARTMENT OF		
		03334	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, BAL' CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	03329
death.		CEASED-NAME First YPB or print) Mathia	Middle	reintuhler	20 DATE OF DEATH Month / 5 Doy	2b. Hour
	3 \$	X Male	4. RACE White	S DATE OF BIRTH 2/22/185	6 AGE (In years last birthday)	IF UNDER YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN
24 haurs of in by the pers. Propers. 72 hours	70 (00	BIRTHPLACE (State or foreign itsy) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED [] NEVER MARRIED [] WIDOWED] DIVORCED []	9 COUNTY OF DEATH Anne Anundel	M
within 24 haurs after ley filled in by the bon papers. Pages within 72 hours after	10.	Annapolis	give street oddress)	is Nursing (on Pr	JAL OCCUPATION (Kind of work done nost of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
occuted v	13a odm	USUAL RESIDENCE (Where deceos	ed lived, if institution, Residence bef	ore 13c. CITY OR TOWN 13d. INSIDE CITY		ood Rd.
ex Company	14.	ATHER'S NAME First	Middle Las		First Middle	Lost
be re		Unknown		Unknow	in ii i	1 · M 1
tificate hysician n pleas val, and		WAS DECEASED EVER IN U.S. ARA	MED FORCES? If the social securities of services are services and securities are services. MED FORCES? Jesus		WU/UU WL, Add So W	renwood Rd.
AN: The law requires that the death certificate be executed valor attending physician. It is a signed by the attending physician and complete for use as the bural-transit permit. Then please remayered the lealth prior to burial, crematian, or remayal, and in any event,		PART I. DEATH WAS CAUSEI	ATE CAUSE (a)	lasc. (iccide	t (Rt)	BETWEEN BASH AND DEATH
at the		Conditions, if any, which gave a	DUE TO, OR AS A CONSEQUENCE		- 4	Years.
squires that the physician. signed by the bural-transit purion to the pural-transit purion to the pural companies.		stoting the underlying couse last.	CC) CC AS A CONSEQUENCE	(HK)	log the putation	1 (Lt)
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The la attend has bi	CERTIFICATION	/	CONDITION FOR WHICH OPERATION WA	YES NO	_	
ICIAN: pital or rrificate id for u	MEDICAL CE	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. Month Doy Y	eor 19 21c. HOW INJURY OCCURRED (Ent	er nature of injury in Port 1 or Port 2, 1	Item 18.)
DING PHYSICIAI by the haspital After this certifica be detached for State Dept. af He	W	While Not while at work	& OFFICE BUILDING, CIC.	T, FACTORY,) 21f LOCATION Street or R.F.D. N	/- n	County State
by Stat		220 I certify that (I) (the saw the deceased a causes stated above	is hospital) attended the deco live an e, (1) (we) (did) (did no t) view t	eosed from Surviver , 19t _1959 , and that in (my) (our) or the bady after death.	ornan death occurred on the do	, that (I) (we) l a te and hour ond from th
Page 4 may be retained Puge 4 may be retained Funeral Director: A director, page 3 shauld shauld be filed with the		22b SIGNATURE	Suco	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. D	pate signed ,
TO HOSPITAL O Page 4 may be TO FUNERAL DIS director, page , shauld be filed		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS	`	, ,
Page Page TO FUN direct	1	BURIAL, CREMATION 23b (REMOVAL (Spec fy) 3/1	0/11/0 11 /	of CEMETERY OR CREMATORY thedral (emetery	Baltimore, Mary	(County) (State) Land
M A15		FUNERAL DIRECTOR	AUDI	RESS 250. NAAR	BY REDSTRAIGHTRAIL'S	STORIATURE COMME
30M REV. (1884)	L	ohn A. Moran, S	Inc. 3000 E. Ba	Ltimore St. DATE		

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Type or point Everett William LE MASTER March Month 199 (196 or 197 196 or 198 198				20. DATE OF DEATH 21	2h HOUR IO
Male White S DATE Of BIRTH SAME (In years SEMENT NEW PARKET)	(Type or print) Everet	t William	IE MASTER	Month A Dov	Yeor
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The physical description of the property of the physical description of the physical					
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IMMEDIATE CAUSE (o) PERT TO AUTO	TB CAUSE OF DEATH (Enter on ART I. DEATH WAS CAUSE)	n nv	- 6		BETWEEN ONSET AND DEATH
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at work of wor					
22a. I certify that (I) (this hospital) attended they deceased fram		PLACE OF INJURY (AT HOME, EARM, STREET, EACTOR OFFICE BUILDING ETC.	21f. LOCATION Street or R.F.D. N	lo City or Town	County State
saw the deceased alive an 3/2/3/69 19, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (I) (we) (d.d) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED 22c DATE SIGNED 3/24/69 22d PHYSIDAN S NAME (Type) JESE L, WILKINS M.D., 22e ADDRESS NAME (Type) JESE L, WILKINS M.D., 22e ADDRESS NAME (Type) JESE L, WILKINS M.D., 22e ADDRESS NAME (Type) JESE L, WILKINS M.D., 23d LOCATES (EAST OF TOWN) (County) (System PROVA. (Spec fs.) 3/27/69 (MED. SALLE) (System Salle) (S	at work of work	- L A-St - A L - FD-S	1	An 10	AL., 245 4 1 2
causes stated above, (1) (we) (d.d) (did not) view the bady after death. 22b SIGNATURE OLL J. William M.D., DEGREE ATTENDING PHYS. DIRECTOR DIREC	snw the decensed n	live on 3/12/2/160 19	and that in (my) (aur) as		, that (I) (we) last
DEGREE PHYSICIAN S NAME TYPE JESSEL, WILKINS M.D., 98 CATH. ST., ANN APOLIS M.D., BURBLE REMATON 23b DATE 23c MAR OF CEMETERY OR CREMATORY COUNTY (County) (System Provon Library or Town) (County)	causes stated above	e, (I) (we) (d.d) (did nat) view the ba	dy after death.		
PHYSICIAN'S NAME (Type) JESSEL, WILKINS M.D., 220 ADDRESS 98 CATH. ST., ANN APOLIS, M.D., BUBLAN (REMATLIN) 23b DATE 23c MAME OF CEMETERY OF CREMATORY CEMETERY CEMETERY CEMETERY CEMETERY CEMETERY O	22b SIGNATURE	1100 : 200	ATTENDING M	MED STAFF 22c 0	DATE SIGNED
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Butter 3/27/69 Slew Havere Cene flen Surve A.H. mg	NAME Type) JES	SEL, WILKINS	M. D. 98CATH.	ST., ANNAPOLIS	MD,
The survey of the state of the survey of the	BO BURIAL (REMATION / 23b	DATE 230 MANE OF CEN	METERY OR CREMATORY	23d. LOCATION SOLY OF TOWNY	(County) (State)
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MANERAL PRECIOIS ADDRESS PAGISTRAN 256 REGISTRANS S GNATURE PAGE 1 1969	Fleet & Kar	ADUKESS .	Vail holas AP		OWATURE

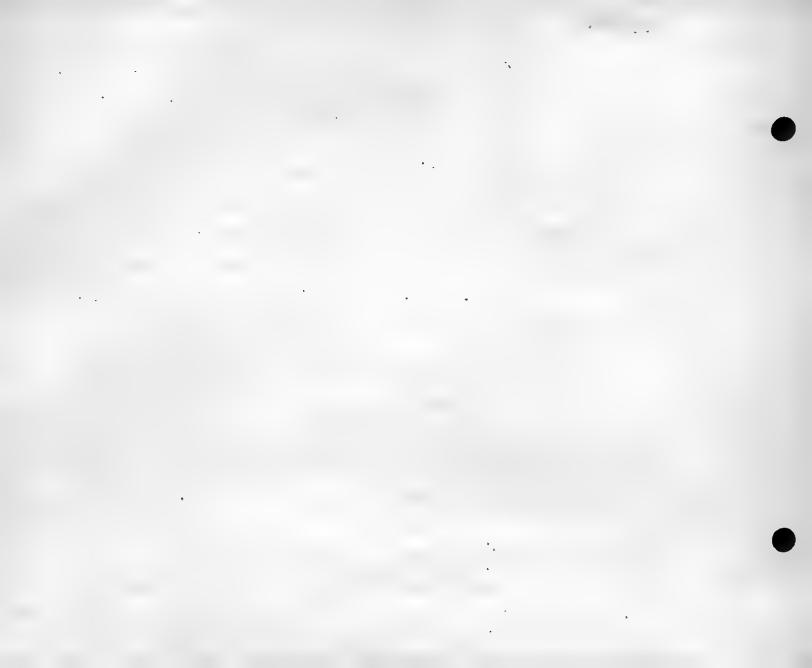


MARYLAND STATE DEPARTMENT OF HEALTH



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1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		112334	03334
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Manth (Type or Print)	Day Year 25 HOUR
y is		Richard. > McCullayh. DEATH MATED 3	15 69 659 M
ny deloy	3. 5	M W 3/20/04 leg brightey) MONTHS DAYS HOURS MIN Marth 3 Day 1	15 Year 1969 A M
= E		BIRTHPLACE (State or foreign 76 CT ZEN OF WHAT COUNTRY? 8 MARRIED MEYER MARRIED 9 COUNTY OF DEATH OTTY) Mary land USA W DOWED DIVORCED Aure Arounder L	do
S o e	10	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (I not in hospital 12a USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
de 3 de 4	19	len DURNIE DOA-NORTH BRUNDEL - Carpenter	INDUSTRY CONSTRUCTORY
glon glond deoth	13a	USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c (ITY OR TOWN 13d . NSIDE (ITY UNITS? 13e STREET AND NUMBER 3cdm ssion) STATE Ma. 13b. COUNTY A. A. Several YES \(\sum \text{NO}\) NO \(\mathbb{R}\) R + 2 \(\mathbb{B}\) Several	137
Hour Item Office offer offer	14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
	160	WAS DECEASED EVER IN US ARMED PORCES? OB. SOCIAL SECUR TY NO. 17 INFORMANT SADDRESS!	Hurbuger
This certificate should be executed with n 24 cote, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's be used as a buriol-transit permit File pages or removal, and in any event within 72 hours.		WAS DECEASED EVER IN U.S. ARMED PORCES? Yes, na, at upknown) (If yes gyb war or dates of service) 218-09-0391 R.S. McCullaciah Jr-Eronnes 11	le md.
should be executed is word "pending" in the Chief Medical Eluciol-transit permit Fi in ony event within		18. CAUSE OF DEATH (Enter only one couse per line far (a), (b) and (c).) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
executed nding" i Medical permit not within	П	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Active Color	Hundre
be e "per nief I		Canditians, if any, which gave	
should be e te word "per to the Chief I burjol-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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uis certificate the, writing the forwarded to be used as o be removal, and	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certir writ irwal irwal nova	GIE	190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This ficate, be for d be to	ERTIFI	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, In	YES NO SA
進	MEDICAL CERTIFICATION	PRIMARY OR CONTRIBUTING HOUR AM CAUSE OF DEATH P.M. 19	/em 15,}
EXAMINER: tute the certificate of 4 should oge 4 should your files. Poge 3 should tremotion, I, cremotion,	MED	21d. NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
		AT WORK AT WORK	
18		22a 1 certify that I took charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry 🔀	
S D S D S		death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
y, ple grol di sar Di prior		ACTUAL SIGNATURE AUCHILLATION AND ASSISTANT MEDICAL EXAMINER 226 DATE	SIGNED / G
SSOTY, F funerol oy be r INERAL ITH prid		EXAMINER'S DEPUTY MEDICAL EXAMINER ADDRESS STATE OF THE PROPERTY AND ADDRESS STATE OF THE PROPERTY AD	115/6/
to DEPUTY meessory, plea the funerol direction of the funerol direction of the funeral DIR Health prior to	236	NAME (Type) ADDRESS(Street, city, town, or county) BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town)	(Caunty) (State)
	-	Derial Special 3/18/69 Enphany Episcopollom Odouted to	in med
VR A15ME [5]	24	FUNERAL DIRECTOR Donaley & Approx ADDRESS 250 RECD BY REGISTRAR 25b REGISTRARS DATE MAR 18 1969	
*K M 1300C (1)	1 4	DATE TO IDO	. with deadlings



1 ,~	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
EOR STATE	Τt	em#13a, FilmGull 4/MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03335
HEALTH DEPT.	<u> </u>	DECEASED-NAME First Middle Last 20 DATE KNOWN Month	Day Year 2b HOJR
	(Type or Print) FRIEST Albert Mc Dowell DEATH MATED 3	31 49 PM
5 mg	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (10 years 11 LADER 1 YEAR 11 LADER 24 MRS 2C DATE PRONOUNCED DEAD	2d HOUR
0 > \ + /		M W 1879/03 last pinhosoil DAYS HOURS M.N. Marth 3 Day	1 Year 49 01 M
P. Z. P.		B RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	100
S S S		Try England England WIDOWED DIVORCED Anne Anende	Z CO Mo
INER: This certificate should be executed within 24 hours ofter death entitieste, mining the word "gending" in peniul in Item 18. Give Pages should be forwarded to the Chief Medical Examiner's Office along with failers. 3 should be used as a buriol transit permit file pages land 2 with me store action, or removal, and in any event within 72 hours after death.	0	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (I not in haspital low Such a control of work done during most of working life even if returned Master Sauler (ret	12b K NO OF BUSINESS OR NOUSTRY 5elf-Emp.
and the ser	13n	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	.0 Self-Emp.
S offer		PRINCIPAL WXXXXXXX 13b COUNTY Halatead YES NO #15 Pretoria	Read
hours Item 1 Office 1 and 2	<u></u>	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 hours in Item 1 r's Office es 1 and 2		Ernest McDowell Ada	Ranger
hin 24 med in nmer's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? [6s, no, or unknown] [19 yes give wor or dates of service] 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
w thin n pelloil Examme Fire pogi		no //////// nope Mrs. Christina McDowell (wife) 8ame as #13
be executed "mending" n nief Medical E ansit permit Fevent within		18. CAUSE OF DEATH (Enter only one cause per line for (r), (b) and (c)) PART I DEATH WAS CAUSED BY.	APPROX MATY INTERVAL BETWEEN ONSET AND GEATH
ixecute nding Medical permit		IMMEDIATE CAUSE (a)	Kuny
ef N		DUE 70, OR AS A CONSEQUENCE OF	1
ld be e rd "mer Chief I fransit fransit		rise to immediate cause (o). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should he wor to the buriol		last (A)	
This certificate should be executed icate, mining the word "mending" robe forwarded to the Chief Medical 1 to used as a buriol transit permit to removal, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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certy mrit orwal used	SIG	190. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icate, be for d be	CERTIFICATION	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, 1	YES NO NO
MINER: This the certificate, 4 should be four files. e 3 should be to smartion, or ren	SEC	PRIMARY [] OR CONTRIBUTING [] [HOUR A.M	rem (o.)
INER INER shou files. 3 sho	Q#	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town	County _Stote
		WHILE AT WORK AT WORK AT WORK	
L EXA ecute Poge for you R:Pog		220. I certify that I took harge of the remains described above, held on Autopsy , Inspection Inquiry	ond in my opin on
e e e e e e e e e e e e e e e e e e e		death resulted transport transport couses , Accident , Suicide , Homicide , Undetermined monner	
TY CDIC. y, please errol director er etoined tal DIRECT prior to bu		ACTUAL CHIEF MEDICAL EXAMINER	
JTY Perol be re Be re Prio		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 29	SIGNED 6 9
o DEPUTY DELCA necessary, plemse enthe funeral director. S may be retained o FUNERAL DIRECTOR Health prior to buy		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER (1) ADDRESS(Street, city, town, or county)	2 Aci
ro DEPUTY necessary, the funero 5 may be 10 FUNERA Heolth pr	230	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
	C1		arvland
36	24	Simpleton DDESS DE 250. RECI BY REGISTRAR 250 REGISTRAR'S	SIGNATURE
VR A15ME (5) 10M REV 1/68	Z	Glen Burnis, Maryland DATE APR 2 1000 CCL	and Janes

X

MARYLAND STATE DEPARTMENT OF HEALTH 03338DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03341 CERTIFICATE OF DEATH 1. DECEASED NAME Lost First Middle 20 DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours ofter death (Type or print) Month Mary Melgaard 1969 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years F JNDER I YEAR IF UNDER 24 HRS last birthday) DAYS Female White hours or 3 July 1884 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED NEVER MARRIED country) Canada USA WIDOWED 🔀 DIVORCED [purial-tronsit permit. Then pleose relatove corbon poper burial, cremotion, or removol, and in ony event, within 72 Anne Arundel filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR completely fi give street address) during most of working life, even if retired)
Housewife INDUSTRY Severna Park 423 Ben Oaks Drive Own Home .3a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE 13b, COUNTY Severna ParkYE 423 Ben Oaks Drive 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle Hamilton McCann Alicia Vance 160 WAS DECEASED EVER IN U.S ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT West Ben Oaks. Yes, no, or unknown) [If yes give war or dates of service] Alicia Melgaard, 216-46-6001 Mrs. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY mont IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-tronsit rise to immediate cause (a). si∎ned by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior tal 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO D be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from the deceased from the deceased alive on the deceased alive on the deceased from the deceased alive on the dec causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF 22d HYSICIAN'S East Drive, Ba NAME (Type) Dr. Herbert J. Itvickas 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION. 23b. DATE 23d LOCATION (City or Town) (State) (Caunty) Cremation Loudon Park Cemeterv Baltimore Mi 5 March 69 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 N DATE MAR Kirkley Funeral Home, Glen Burnie, Md. 21061 1969 30M REV



, 1		. MARYLAND STATE DEPARTMENT OF HEALTH	
		03342 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	03337
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00007
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month D	Doy Year 2b HOUR
	(Type or Print) LAW ton Berkley Mellichambe DEATH MATED 3 1	7 89 8 11
74 34 t 3	3 5		2d HOUR
deloy and 3 A3. Pag tment		Josephamday) Months Days Hours Min Month Day	Year 69 100k
art art	_	19 20 676 213 60 18.	TY / M
de de	70. (0),m	BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH	
farn farn te [10	all Grading History	Md
Pognith Sta	10 1		26 KIND OF BUSINESS OR
de Fe Fe Fe	1	Quive street oddress) during most of working life, even if retired.) IN	Rek
fer Giv Ping th 1		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 33 INSIDE CITY UMITS? 13e STREET AND NUMBER	
deo deo	٥	dmission) STATE 136 COUNTY / YES NO	
hours offer lem 18. Girle alon Office alon Land 2 with Agric deoth	14. (FATHER'S NAME First Middle Lost I'S MOTHER'S MAIDEN NAME First Middle	Lost
토등요 철택 V		Willie RN La Born Line Ellie Che million	(12) RAA
MINER: This certificate should be executed within 24 hours ofter death any delay is the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 4 should be forwarded to the Chief Medical Examiner's Office along with farmin PM3. Page In files. In files. In 3 should be used as a buriol-transit permit File pages—Land 2 with the State Department of emotion, or removal, and in any event within 72 hours after death	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
The second secon		(es, no, or unknown) [" yys gree wor or dates of sergice)	y 1 autor.
I with the Exon	-	Y-3 1111576 (11 x 1 5 11 11 11 11 11 11 11 11 11 11 11 11	APPROXIMATE INTERVAL
should be executed by word "pending" in the Chief Medical E uriol-transit permit F in ony event within		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY:	BETWEEN OWSET AND DEATH
erm erm wit		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (after ferenselesseles & U.C.)//
ex end Me t p		DUE TO, OR AS A CONSEQUENCE OF	- ce
d'institution		Conditions, if any, which gave a rise to immediate cause (a), (b).	
Page 17 Au		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
hot with the property of the p		(c)	
MINER: This certificate should be executed the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical ur files. In 3 should be used as a buriol-transit permit emotion, ar removal, and in any event within the should be used.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	<u></u>
icat mg ded ded ss c		The solution of the solution o	
rfif var vol	8	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	ZO. AUTOPSY?
Por A Su Day	3	WAS PERFORMED?	YES NOMES
INER: This certificate, writh the certificate, writh should be forward files. 3 should be used a should be used to the control of the control of the control of the certification, or remove the certification of the certification.	CERTIFICATION	210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of squary in Port 1 or Port 2, Item	
Ed the	A C	PRIMARY OR CONTRIBUTING HOUR A.M.	16)
INER e cer shou files. 3 sho otior	MEDICAL	CAUSE OF DEATH P.M 19	
M the transfer of the transfer	2	2 d INJURY OCCURRED 216, PLACE OF INJURY (At home, form, street, White NOT WHILE foctory, office building, etc.)	County State
TY DICAL EXAMINER: This certificate y, please execute the certificate, writing the rad director. Page 4 should be forwarded to be retained for your files. AL DIRECTOR: Page 3 should be used as a britant to burial, cremotion, or removal, and		WHILE NOT WHILE TOCTORY, OTTICE BURIDING, etc.)	
L EXA ecute Page or you R: Pag		22a. I certify that taak charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian
CA ex ex cro cro burn		death resulted trans Novaral causes Accident Suicide Homicide Undetermined manner	7
pleose e l director retained		CHIEF MEDICAL EXAMINER	
and the state of t		ACTUAL () Service & Committee Commi	GNED / C
UTY, Iry, lera be be RAI		SIGNATURE AND A STATE OF THE ST	467
DEPL ecesso may may ealth		NAME (Type) ADDRESS (Street, city, town, or county)	1 10
nocessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem	02		//
57 + 25 +	230	BUR AL CREMATION 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION (City or Town) (C	County) (State)
	- 01	LAND TON TON TON	Super land
NO +15+4E (5)	24	FUNERAL DIRECTOR 256 RECT BY REG STRAR 256 REGISTRARS S CO. DATE WAR 2 6 1969	ONATURE
VR A15ME (5) 10M REV, 1768	11	9 - 7, +-1 2, + 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	

0/	1		03343	DIVISION OF VITAL RECORDS,		LTIMORE, MARYLAND 21201	03338
£ *	-				CERTIFICATE OF DEATH		00000
€ -	7 = 2		DECEASED NAME Frst	Middle	Last	20. DATE OF DEATH	2b HOUR
unerol unerol	ond 2	'	(Type or print) Elsie	М.	Miller	3 Manth 8 Day	69 Yeor 1:50 M
- E - E		3. 5	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNCER 1 YEAR IF UNCER 24 HRS.
(all) \$	Pages urs afte		г	white	4-26-98	last birthday) 70 YRS.	MONTHS DAYS HOURS MIN.
Szuc. yd	aur aur	70		7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
A =	ers. 72 h	COt	Maryland	U.S.A.	WIDOWED X DIVORCED	Anne Arundel	Md
nin 24 filled	pap in 7	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN:	STITUTION (if not in haspital 12a U	SUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
within 24 hours	nove carbón papers. Pages I ny event, within 72 haurs affer	2	Glen Burnie	give street oddress) North Arun	idel	mast of warking life, even if retired) retired	INDUSTRY
1	orb nt,	13a	USLA, RESIDENCE (Where decease	ed lived, if institution: Residence before	13c CETY OR TOWN 13d INSIDE OF		
	ve cart event,	odn	nissian) STATE (missian	Anne Arundel	Pasadena YE	NO□ 244-A. Bodki	n Ave:
a S	remove any ev	14.	FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME		Lost
ATENDING PHYSICIAN: The law requires that the death certificate be executed etained by the hospital or attending physician.			Joseph	Milligan	Ett	a R. KXXXX The	omas
ote ciar	and	160	WAS DECEASED EVER IN U.S. ARME	ED FORCES? 16b SOCIAL SECURITY	NO 17 INFORMANT	Address	
iifica hysi	ioval, and i		Yes, no, or unknown) (If yes give wa	215-03-32	206 Mrs. Irvin Ar	iderson, 8382 Carro	bll Drive
cer cer	유민			y one cause per line for (a), (b), and (c)	12-7 1		APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
를 를	permit. The	П	PART 1. DEATH WAS CAUSED	BY: TE CAUSE (0) CLESSED	erne		
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t the	ā.,0		Canditions, if any, which gove	Tanalia.		out it you would	
hot n.	em		rise to immediate couse (a). (stating the underlying couse)	DUE TO, OR AS A CONSEQUENCE OF	A5.H1)		
icial S	1 5		lost.	(1) Kings	suctemen	Lie -	
quires tho physician. signed by	urio urio	1	PART 2 OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT A	OT RELATED TO THE TERMINAL DISEASE C	DR CONDITION GIVEN IN PART 1(a)	
rec ng p		l.,					
law ndir bee	is the		190, DATE OF OPERATION 196, C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
PHYSICIAN: The law requires the hospitol or attending physician. this certificate has been signed by	for use as the Health prior to	CERTIFICATION			YES NO	CAUSES OF DEATH?	
A: T	r us				21c HOW INJURY OCCURRED (E	nter noture of injury in Port 1 or Port 2,	Item 18.)
CIA It lot life	る主	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH				
YSI Osp	ot. o	MED	21d INJURY OCCURRED 21e F		CTORY) 21f LOCATION Street or R.F.D.	Na. (ity or Town	County Store
G PHYSICIAL The hospitol This certifice	be detached Stote Dept. of	П	While Not while of wark of wark	COFFICE BUILDING, ETC	1	/	
IDING d by th		Н	220. I certify that (I) (this	s hospital) attended the deceas	ed from 3, 19	6 7, to 3/8 19	6.5, that (I) (we) lost
P P P	d b	Н	sow the deceased oli	s hospital) attended the deceas	19 65, and that/in (my) (our) o	pinion death accurred on the do	
Oine in	교수			, (I) (we) (did) (did not) view the	body/after death.		
OR ATTENDIN be retoined by DIRECTOM: Afte	wit w		22b SIGNATURE	in to be	LE MACCREE PHYS	MED STAFF -	DATE SIGNED
L OR be r	eg /		Profes	um ac in		DIRECTOR PHYS	2/0/67
PITAL moy l	be filed with the	П	22d PHYSICIANS V NAME (Type) Ben jan	min DeGuzman	22e. ADDRESS	La Contract	Just Dull
O HOSPITAL OR ATTE: Page 4 may be retaine	director, should b				CONCION OF COUNTAIN	1 324 IOCATION (CA. T.)	(0) (0)
HC oge	\ Short	230	BUR AL, CREMATION, REMOVAL (Specify) BURIAL 3	36-03-	CEMETERY OR CREMATORY Wridge Cemetery	23d LOCATION (C ty or Town) Washington Blvd	(County) (Store) Md.
5 5	11 1	24	BURIAL 3	-12-1969 Meado			
	VR A15 (4) 1/68	124		rd, 4107 Wilkens	ATTO 21220 TH	DAY REPISTAR 19836. REGISTRARS	res Just
54		_	HOMOTO III HODDO	, ,, ,, , ,	AVE. ZIZZ DATE	1 0	0

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	1		DIVICION	OF VITAL RECORDS,	D DIMIC DEFAIL			1201		
		03344	ועונועום		ERTIFICATE (TORE, MARTLAND 2	1201	033	139
		CEASED-NAME First		Middle	Last		2a DATE OF DEATH			2b HOUR
1	T)	ype or print) J.C.	hn	W.	Mol	1	March Month	5 Doy	1969	8:25AM
)	3. SE		4. RACE			OF BIRTH	6 AGE (In s	years _	IF UNDER YEAR	IF JNOER 24 HRS.
		Ma_e		White		6-11-09	last birthd	loy) YRS,	MONTHS DAYS	HOURS MIN.
	7a. l	SIRTHPLACE (State or foreign	76 CITIZEN	OF WHAT COUNTRY?	8 MARRIED NEVER		COUNTY OF DEATH			
<i>f</i> / / ×	cant	renna Fenna	U.S.	A.		D-VORCED	Anne arun	ide.		Md.
		ITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS	TiTUTION (If not in hasp		OCCUPATION (Kind of wo	irk dane		BUSINESS OR
4		Glen Burnie		give street oddress) North Arunde	l Hospital	during mast	t of working life, even if	retired.)	INDUSTRY	Canada
1	130	USUAL RESIDENCE (Where deceo	sed lived, if a	istitution: Residence before	13c GTY OR TOWN	13d. INSIDE C TY LANCI	Guin ope	MBER		Service
	odm	ssion) STATE Laryland	135_COU ĀT.Y	ie arunde.	Odenton	YES NO	X 301 Neva	ida Ar	renue	
į	14 1	FATHER S NAME First	Mic	ldie Last	15 MOTHER	S MAIDEN NAME Firs	1	Middle		Last
å										
		WAS DECEASED EVER IN U.S. AR es, na, ar unknown) (It yes give	MED FORCES?	16b SOCIAL SECURITY I			A	ddress		
		yes 19	301s	212-12-61	70 Helen	A. Moll -	same as #1	3 abo	Ve	
		18. CAUSE OF DEATH (Enter of	nly ane cause	per line for (a), (b), and (c).	H.	0 - 0	0 1	7	BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	:D BY ATE CAUSE (a)	creul	myse	ordial	wyour	un		
		4/19	DUE TO	OR AS A CONSEQUENCE OF	11811		{}			
		Canditians, if any, which gave rise to immediate cause (a),		17-1	14100-					
		stating the underlying cause	DUE TO	, OR AS A CONSEQUENCE OF	k.					
		last.	(c)					1	
		PART 2 OTHER SIGNIFICANT CO	NDITIONS CON			MINAL DISEASE OR COL	NDITION GIVEN IN PART 16	3}		
	NOI	19a, DATE OF OPERATION 19b.	COMPITION CO	DR WHICH OPERATION WAS PE		AUTOPSY?	20b IF YES, WERE F	IMPINIOS CO	MCDEBED IN C	EDTICVING
V	CERTIFICATION	170. DATE OF OPERATION 170.	CONDITION FE	JK WITTEN OPEKATION WAS TE		S NO	CAUSES OF DEATH?	INDINOS CO	Mainteren in C	EKHTIMO
	CERT	21g. ACCIDENT WAS UNDERLYI	NG 215 T	ME OF INJURY			nature of injury in Part 1 c	or Port 2 Is	tem 19 \	
	R	OR CONTRIBUTING CAUSE OF DEA	TH HOUR	A.M. Month Day Year		i occounts femal	doors or mearly at 1 die	1 1011 2, 11	igna ru.)	
	MEDICAL	(If either, natify medical exam	iner]	P.M. 19 URY (AT HOME, FARM, STREET, FAC	TORY 1 215 LOCATION	Street or R.F.D. No.	City or Town	7	Caunty	State
		TITLE ITEM STILLS	TENEZ OF NO	OFFICE BUILDING, ETC	The Estation	1/0	- / -	1,0	,	
		at work at one of the at at a state of the at a	is basnital	ottended the Herens	ed from 3	(0), 19	ta S/J/	(2 10	that	(I) (we) last
		saw the deceased a	ilive an	<u> </u>	$9_{}$, and that μ		ian death acturred o	n the dat	e ond hour	and fram the
	П	causes stated abov	e, (I) (we) i	(did) (did not) view the	bady after death.		(1-0-
		22b SIGNATURE	A	C 11/11	, ATT	ENDING MET	D. STAFF	_ 22c D	LATE SIGNED	65'
			10	13 Veamas		13.	ECTOR L PHYS L		>/ \/	
1		22d. PHYS CIAN NAME (Type) Jor	-d () I	Ramırez, M.D.	2226	ADDRESS 25 Hospita	al Drive, Gl	len bi	urnie.	ı'd.
,	02		DATE		CEMETERY OR CREMATO		23d LOCATION (City or To		(Caunty)	(State)
D		DC#401/41 /5-4-35-3								(31016)
T			7/69	ADDRESS	ny Episcop	2Sa. REC D BY	Odent on REGISTRAR 2Sb. RE	GISTRAR'S	SIGNATURE	Md.
68		PPING FUNERAL	DINE	Deresty 6	herdoft	DATE MAR	7 1969	Mla		
	ITC	TTAMO CONGINAL	HUME -	Anna poins	Md.//	Laur MAG	7	/A-	The year	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03340 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME Middle 2a DATE KNOWN Yeor 2b HOUR (Type or Print) ESTI-Poge CLARENCE MORELAND DEATH MATED K 19 delay and 3 4 RACE S. DATE OF BIRTH F JMDER 24 HRS 3 SEX AGE (In years 2c DATE PRONOUNCED DEAD last birthday) Year 3 March 1936 33 male white 19 69 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Pages 1, farm with the State De "Maryland U.S.A. WIDOWED [DIVORCED [Anne Arundel County 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR after death 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCLPATION (Kind of work done North Arundel Hospital during most of working life, even if retired.) Coast 30.5 Glen Burnie Ologo 13d. INSIDE CITY EIM TS7 13e STREET AND NUMBER death 130 USUAL RES. DENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN Box 229, Underwood Road Arunde1 Gambrills within 24 haurs and 2 after pencil in Item 14 FATHERS NAME IS MOTHER'S MAIDEN NAME Offi Middle Myrtle M. Dallas Richard Moreland 4 should be farwarded to the Chief Medical Examiner's pages hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 212-34-8295 Richard Moreland (Father File APPROXIMATE INTERVAL ⊑ within certificate should be executed 18. CAUSE OF DEATH (Enter anly one cause per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH ermit PART I. DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditions, if any, which gave rise to immediate cause (a), writing the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 8 SB or remayof, CERTIFICATION 190 DATE OF OPERATION 19b COND TION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES X NO be 21b. TIME OF INJURY Month, Day, Year HOUR ANX 8:30 PM. 3/10 196 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) driver of 3 shauld pick up truck - went through stop sign -stuck a tractor trailer truck - broadside PRIMARY DO OR CONTRIBUTING F MEDICAL crematian, CAL EXAMINER: 1969 CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 211 LOCATION Street or R.F.D. No. City or Town Stote DIRECTOR: Page foctory, office building, etc.) AT WORK AT WORK Rte 3 & St. Stephans Church Road, Maryland street burial 22a 1 certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection Inquiry and in my apinion funeral directar. Natural causes Accident X, Suicide death resulted fram-Hamicide Undetermined manner prior ta CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER 3/11/69 DEPUTY MEDICAL EXAMINER 5 moy TO IUNE Health **EXAMINER'S** Spitz, M.D. Werner U NAME (Type) ADDRESS(Street, city, fown, or county) 23a BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 14 Mar. 1969 Glen Haven Memorial Pk. ALLE REMOVAL (Specify) Glen Burnie Md. 2Sq RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Singleton/Glen BurnTe.Md. VR A15ME (5) 1969 10M REV 1/68

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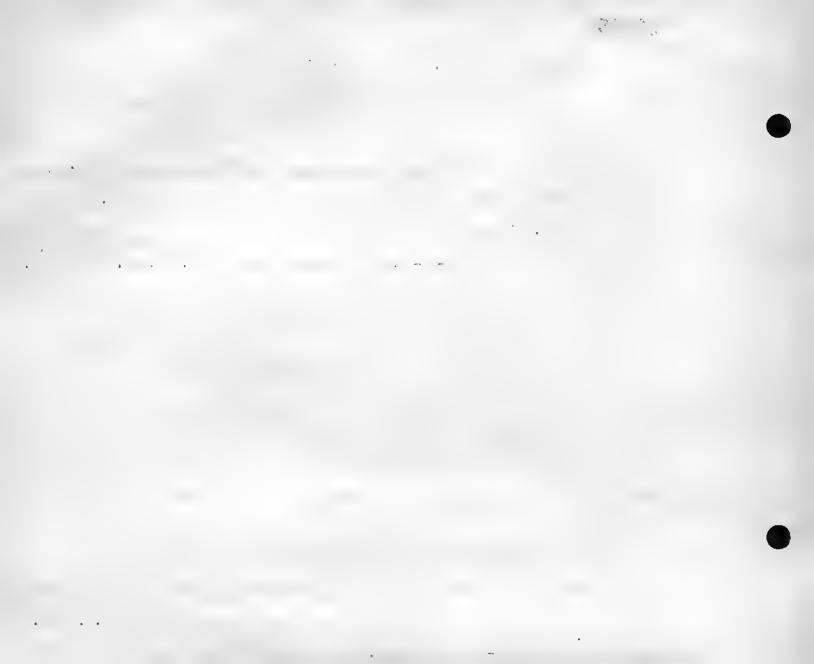
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/		03346	DIVISION OF VITAL RECORDS,	, 301 W. PRESTON STE CERTIFICATE OF		MARYLAND 21201	033	341
# - C-		ECEASED-NAME First	Middle	Lost	2o DATI	OF DEATH		2b. HOUR
pa Para	1	Type or print) JOSEPH	HORACE MOR TZ		MAR	CH Month 28 Day	1969°°	I720Pm
5 E 5	3, 5	EX	4. RACE	S. DATE OF BI		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	ISTITUTION (if not in haspital	Ing. C. A. OCCUPAT	A T I A T A T A T A T A T A T A T A T A	12b KIND OF E	BUSINESS OR
The low requires that the death certificate be executed within 24 h attending physicion. has been signed by the attending physicion old completely filled in se as the buriol-transit permit. Then please remove corban papers th priar to buriol, cremation, or removal, and any event, within 72 h	F.	r. GEO. G. LEAT	E, ID GIVE TROUGH A	ARMY	during growth with	ma the standard termen)	INDUSTRYS.	Nayy
ed v	3a.	USUAL RESIDENCE (Where deceo	sed lived, if institut on Residence before	13c CITY OR TOWN		STREET AND NUMBER		
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oyld co	14	FATHER S NAME First	Middle Lost	IS. MOTHER'S MA	AIDEN NAME First	Middle		Last
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9 10 5 6	láq	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b SOCIAL SECURITY vor or dates of service)			Address		
physician physician hen blease		(es no or unknown) (réves give y	2T9-22-9)	12 EVELYN M	ORETZ SAME	AS TIFM T3	l⇔T3a	
The The		18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and (c)	.)			APPROXIM	ATE INTERVAL ISET AND DEATH
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the state of the s		Cand't ans, if any, which gave					IOHR	S
thoi on. by rans rem		rise to immediate couse (a), stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF					
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ing ing the to	×							
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The aff	CERTIFICATION			YESY	NO [JSES OF DEATH?		
I or lote to the or us		21 a. ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEAT	IG 21b TIME OF INJURY H HOUR A.M Manth Day Year	21c. HOW INJURY OCC	JRRED (Enter nature of	injury in Part 1 or Part 2, 1	tem 18.)	
記録書	MEDICAL	(If either, natify medical exomi	ner) P.M 1	9				
Page 4 may be retained by the hospital or attending To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to	Æ	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CIORY.) 21f LOCATION Street	t or R.F.D. No.	City or Town	County	State
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O HOSPI' Page 4 m O FUNER director,	230	BURIAL, CREMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCA	ATION (City or Town)	(County)	(State)
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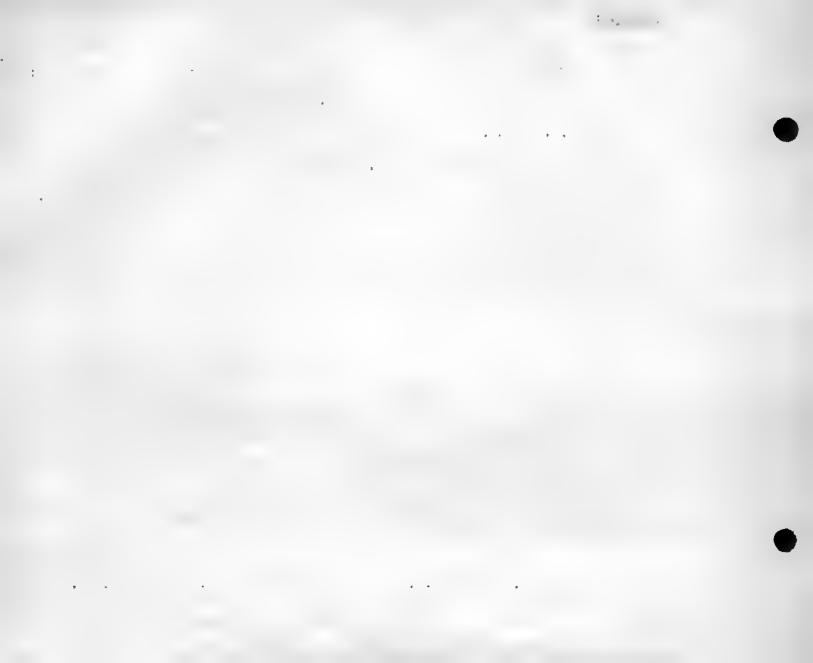




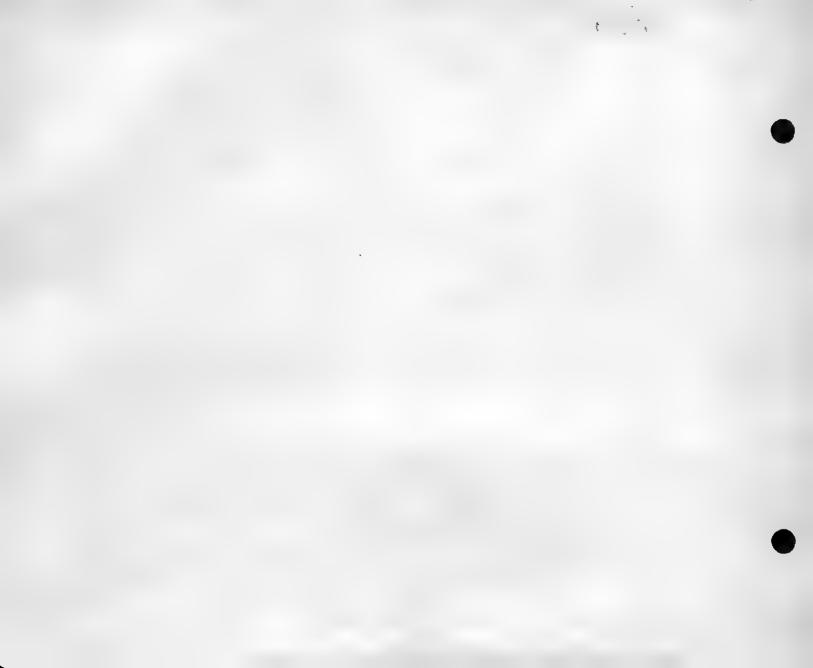
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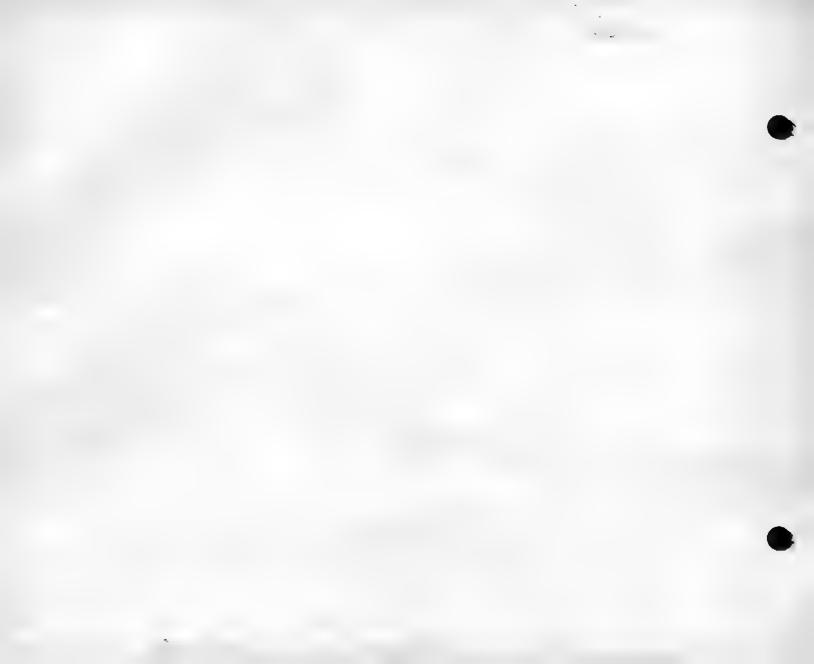
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ir nad	be all		22d PHYSICIAN'S NAME (Type) Richard	i N. Pee	ler, M.D.		22e, ADDR	ESS		****	apoli	s, Md.	
The state of the s	director, page 3 shauld be defached for use as the burial-transit permit. Then p shauld be filed with the State Dept. of Health prior ta bur.ol, cremation, ar remayal,	230	BURIAL, CREMATION, 23b. DA REMOVAL (Spector) 3	17/69	23c NAME OF	1 /1			23d LOCAT	ON (City or To		(County)	(Store)
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		MARYLAND STATE DEPARTMENT OF HEALTH	
1 _V		03351 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	03346
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed etamed by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and complesshould be detached far use as the burial-transit permit. Then please remove can the the State Dept. af Health prar ta burial, crematian, or removal, and in any event the the State Dept.	CERTIFICATION	YES NO TO DEATH. 21a ACC DENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2.	4
find find			, item 18)
rspi aspi certi hed	MEDICAL	[If either, notify medical examiner] P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No City or Town	County State
PH his his of the period of th		21d. INJURY OCCURRED While Not while of work o	Coolify Store
N H A H A C arte arte	1	22a certify that (1) (this haspital) attended the deceased from 1968 to 1972-20 11	0 47 that (1) (wa) last
NDING d by t After d be d		22a. I certify that (1) (this hospital) attended the deceased from	late and hour and from the
Page Barbara			
A de la		22b SIGNATURE ATTENDING MED STAFF 22c	DATE SIGNED 3/14/1/19
Lo de De la		DEGREE PHYS. DIRECTOR PHYS	3/1-1/41
RAL RAL be f		22d. PHYSICIANS NAME (Type) R. BIERN M.D. 22e. ADDRESS 131 Called St Ann	gen lis
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the buriaf-transhauld be filed with the State Dept. af Health priar ta buriaf, creating the prior ta buriaf.	220		
Page A	230	SEMPTAL, CREMATION, 23b DATE 23c NAME OF CEMETERY BY CREMATORY (City or Town)	(County) (State)
Λ Λ	24	LINERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR VAD REGISTRAR	SIGNATURE
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	03352	DIVISION OF VITAL RECORD	OS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IIMORE, MAKILAND 21201	03347
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in 24 hours	70. BIRTHPLACE (Stote or to country)	31-	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH Anne Akunde	16. Md.
vithin 2	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OF GIVE Street address)		AL OCCUPATION (Kind of work done nost at working tie, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
omplete	13a USUAL RESIDENCE (Whe admission) STATE	re deceased lived, if institution, Residence before 18b. COUNTY COURT			
be exe and cond in ony	14 FATHER'S NAME FIN	Middle Los	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Lost
hysician pleas	160 WAS DECEASED EVER IN Yes, no or unknown)	U.S. ARMED FORCES? (If yes give, war ar dates of service) 220-22-	17 NO 17. INEGRMANT.	Plaza Menoe	Nux. Home
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The law attendin hos bee us the late of th	19a. DATE OF OPERATION		YES NO		
SICIAN: spitol or ertificate ed for u	OR CONTRIBUTING CO	USE OF DEATH HOUR A.M Month Day Y of examiner) P.M.	eor 19	er nature of injury in Part 1 or Part 2,	
DING I by th After t I be di State	While Not while at wark 22a. I certify the saw the deci		rased from <u>// - / 9</u> , 19.2 1832, and that in (my) (our) op	ob, to 2/28, 19 inian death accurred on the do	69, that (I) (we) last ate and hour and from the
© e ≅ ° p	22b. SIGNATURE	M. Hunt	DEGREE PHYS 22e ADDRESS	MED STAFF 22c	DATE/SIGNED
TO HOSPITAL OR Poge 4 may be 1 TO FUNERAL DIRE director, poge 3 Should be filed v	NAME (Type) 230 BURIAL, CREMATION, REMOVA, (Specify)		OF CEMETERY OR CREMATORY	221 Laur Lerr 16 723d. LOCATION (City or Town)	(Caunty) (State)
2 2 VR AAS 30M REV 168	24-FYNERAL DIRECTOR	Survide Loc	USI Church Cem Excelle Mid DATE	BY REGISTRAN 25b. REGISTRAN S	SIGNATURE SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03348 1. DECFASED-NAME First 2n. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or post) March 2 1969 Doy PEDDICORD 12:30Am Joseph Henru A RACE S DATE OF BIRTH 3 SEX 6. AGE (In years IF HINDER I YEAR lest birthdoy) January 7. 1913 Male Caucasian 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland piease remeve/corbon papers. I, and in any event, within 72 h U. S. A. WIDOWED [7] DIVORCED [Anne Arundel pletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR Anne Arundel General Hosp du Sewert Flant Coperator Annapolis 13c CITY OR TOWN 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER odmission) STATE and Arme Arunde 1 YES NO 176 Acton Road ond com Annapolis 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost First Louis Hanry Peddicord Blizabeth Sarah Greenwell. 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 217-07-2001 Ruth L. Peddicord - same as #13 burial, cremation, or removo 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Cardiac arr HEATH ONSET AND DEATH 45 minutes Cardiac arrest (standstill) DUE TO, OR AS A CONSEQUENCE OF (h) Heart failure 33 months burnal-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse many years Arteriosclerotid coronary heart disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to Hypertension, Obesity, Chronic bronchitis, Varicose veins, (Psoriasis) TO FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g AUTOPSY? CAUSES OF DEATH? Feb 19,1969 Cardiac catheterization YES 🗀 NO EZZZ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (1) (threchespitel) attended the deceased from June 18 , 1966, to March 22, 1969, that (1) (see) last saw the deceased alive on March 22, 1969, and that in (my) (1900) april opinion death occurred on the date and hour and from the couses stated above, (1) cheek (did) transferiew the body after death. 22c DATE SIGNED March 22. 1969 DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Charles W. Kinzer, M. D. 16 Murray Ave. Annapolis. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (Stote) Bur 121 Hillcrest Cematery 24 FUNERA DIRECTOR E. Hopping 2So REC'D BY REGISTRAR 1969 4 HOPPING FUNERAL HOME - Apprapolis Md

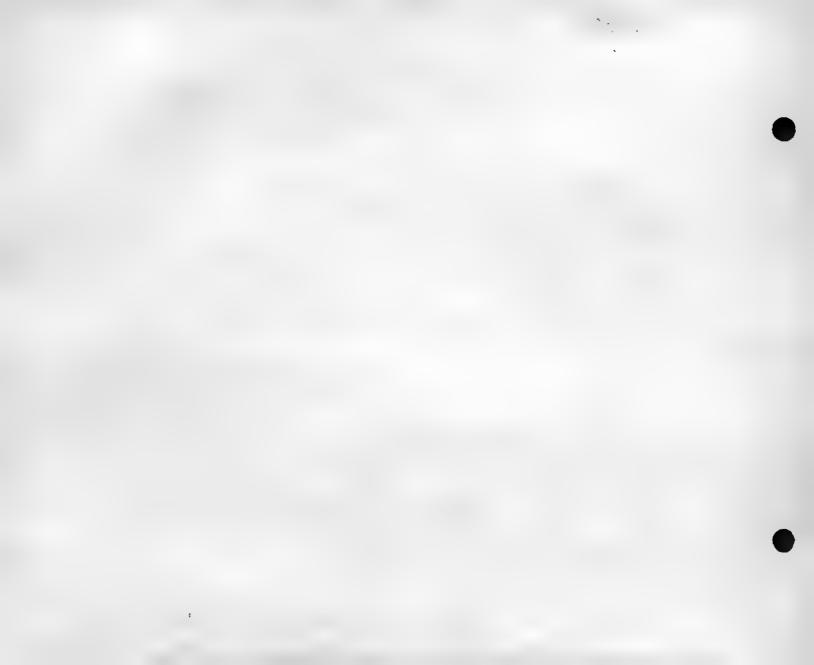
MARYLAND STATE DEPARTMENT OF HEALTH

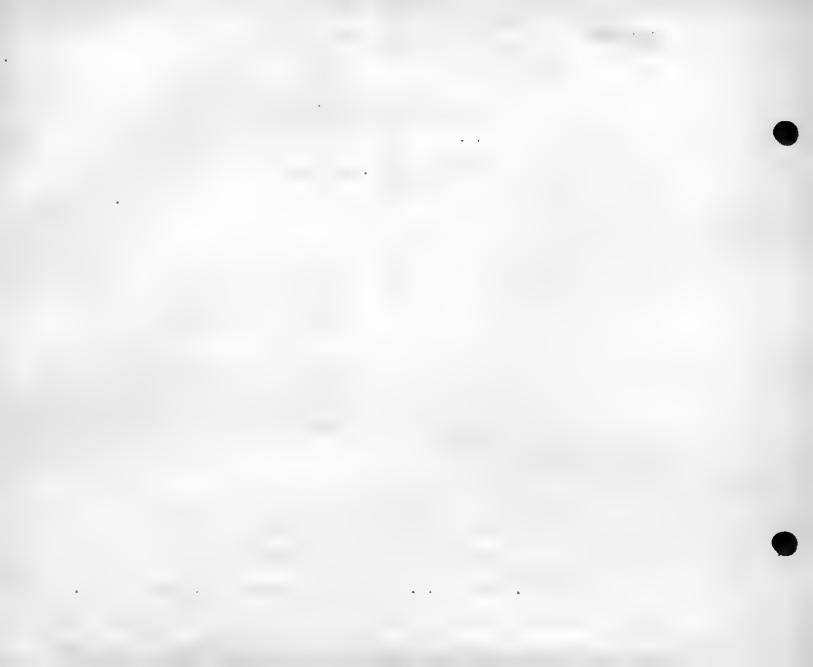


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P Is	de -	3.	SEX DAY!	4. RACE	S. DATE OF BIRTH	. March 29	1969. 6:25 M
be executed within 24 hours after deoth	(# 3)	1	Male	White	May 18, 19	last highday)	YRS MONTHS DAYS MOURS MIN
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pa	completely love corbor ly event, wi	13c	USUAL RESIDENCE (Where decease mission) STATE	ed lived, if institution. Residence before	13c. CITY OR TOWN 13d INSIDE CITY		
\$	Com Com	-	Marylan		Arnold	Box 145,	<u>{t.2</u>
a a	rem in an	² 14	FATHER'S NAME First	2 Modle last	15 MOTHER'S MAIDEN NAME	First Middl	e last
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看	offending permit. The		PART I DEATH WAS CAUSED		n/1 Profomma	and Tom hadi	BETWEEN ONSET AND DEATH
o-	armi n, or		4 / IMMEDIA	TE CAUSE (a)	and a william	THURNY	4 1/125
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hot	ons ons	Н	rise to immed ofe couse (o), (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE OF	District to the state of the	o, ning	Δ.
50.5	sicid ed b al-tr al, ci		last.	(c)			
. jo	pnysician. signed by burial-tron burial, cre?	П	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
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0	s be os os os or	CERTIFICATION	19a DATE OF OPERATION 19b, 0	CONDITION FOR WHICH OPERATION WAS PE		CALISES OF DEATHS	IGS CONSIDERED IN CERTIFYING
€ 7	e ho	FPTG	21o, ACCIDENT WAS UNDERLYIN	C. Total vitte of hilling	YES, NO	_!	
PHYSICIAN: The low requires that the death certificate	ficat for For He			HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRED (Enti	er nature at injury in Part I at Pa	t 2, Item 18.)
SS	certil hed t. ol	MEDICAL	(If either, notify medical examination 21d INJURY OCCURRED 21e.			o City or Town	County State
E-1	DEFECTOR: After this certificate has been signed by the offending physical by the offending physical should be detoched for use os the burial-tronsit permit. Then pled with the State Dept. of Health prior to burial, cremation, or removal,	П	White Not while at work	OFFICE BUILDING, ETC.	TORY.) 21f 10CATION Street or R.F.D. No	chy of lown	county 510.6
ATTENDING	Affer 1 Affer 1 I be d State	Т		s haspital) oftended the deceose	ed from 3/2-10/ 19.	64. to 3/24/	1966 that (1) (wa) last
2	ed por line of section of the sectio	П	sow the deceosed at	tve on 3/24/1	9.66., and that in (my) (our) op	omion death occurred on th	e date and hour and from the
	To H		22/ SIADANRE	, (i) (we) (did) (did not) view the	body offer deoffn.		22c. DATE SIGNED
SO.			Manage	AK Imman		MED STAFF DIRECTOR PHYS.	2/31//2/
A .	L D o	П	22d! PHYSICIAN'S	111 2 10		DIRECTOR - HITS,	7/ 3//0 /
SPIT	ERA or, p	l	NAME (Type)	KLAWANS.	MD 3150V)	HGATE	SILOURINA LI VIL
TO HOSPITAL	Proge 4 may be retoined O FUNERAL DIRECTOR: director, page 3 should be filed with the	23	BUR AT FREMATION_ 235 C	DATE / / G 23c NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
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	VR A15	24	FUNERAL DIRECTOR	ADDRESS		- 10711	AR'S SIGNATURE
	45M 1/69	L	Collect & For	raner sevena	- Che had DATEAP	R 7 1969	7 4



	1		LAND STATE DEPARTMENT (
	03355	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET, B	BALTIMORE, MARYLAND 2120)1
	00000		CERTIFICATE OF DEAT	TH	03350
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4 haura	70 EIRTHHLAGE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED D.VORCED D.VORCED	9. COUNTY OF DEATH	464
e executed within 24 haurs after death the completely fulled in by the funeral remaye carbon papers. Pages 1 and n any event, within 72 hours after death	O CITY OR TOWN-OF DEATH	II, NAME OF HOSPITAL		USUAL OCCUPATION (Kind of work ding most of working life, even if return	
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attending physician bad carplers permit. Then please remave carlian, or remaval, and in any event.	160 WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes giv	IRMED FOLKES? If the SOCIAL SECTION (ALL SECTION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINIS	PIZO4 MARCHANT	valleen Adge	Parto Mo.
requires that the death certificate g physician. I signed by the attending physician burial-transit permit. Then pleas o burial, crematian, or remaval, an	PART I. DEATH WAS CAU	anly ane cause per line for (a), (b) as SED 8Y	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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requires ig physici n signed e burial-i o burial,	like o.		BUT NOT RELATED TO THE TERMINAL DISEASE	1	Sie e 1 Suray.
C PHYSICIAN: The law rethe haspital ar attending this certificate has been detached far use as the re Dept. af Hearth priar to	2 102-16	MICH OPERATION W	AS PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDING	IGS CONSIDERED IN CERTIFYING
YSICIAN: T aspital ar a certificate had far us thed far us or, af Hearth	210. ACCIDENT WAS UNDERLY 210. ACCIDENT WAS UNDERLY Comparison of the control o	EATH HOUR A.M Manth Dov	Yeor 21c HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Pa	rt 2, Item 18)
ENDING PHYSICIAN: ned by the haspital or R. After this certificate build be detached for u the State Dept. of Hear	21d. INJURY OCCURRED 21 While Not while of work	e. PLACE OF INJURY (AT HOME, FARM, STR OFFICE BUILDING, ED	19 EET FACTORY.) 215, LOCATION Street or R.F.E.) No. City or Town	County State
d by th After t d be dd e State	22a. I certify that (I) (this haspital) attended the de-	19 <i>_69</i> , and that in (my) (our)	19 64, to May W	1964, that (I) (we) last
R ATTENE retained RECTOR: A 3 should with the	causes stated aba	ve, (I) (we) (did) (did nat) view	the bady after death.		22E DATE SIGNED
TAL OR NOW be reported by page 3 per filed w	22d. PHYSICIAN'S NAME (Type)	Dalle.	DEGREE PHYS 22e ADDRESS	MED DIRECTOR D STAFF D	5/3/69
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filled with the State Dept. af Health priar to burial, cre	/	DATE 234 NAM	e of cemetery or Chematory	23d LOJATION (Cty or Town)	Mydniy) Wydley
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cate be executed within 24 hours after death. Scan and campletely filled in by the funeral blease remaye carbon papers. Pages) and 2, and in any, event, within 72 haurs after death.		ECEASED NAME First (ype or print) MA	Middle	GUINCE	20. DATE OF DEATH	26 HOUR
kian and campletely filled in by the funeral lease remave carbon papers. Pages) and 2 and in any event, within 72 haurs after death.	3 . S		4. RACE NEGRO	5. DATE OF BIRTH	6. AGE (In yeors sost burdeday)	F UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIR
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within 72	19(0)	ITY OR TOWN OF DEATH EN DURWI'	give street oddress)	NSTITUTION (if not in hospital 120 US. during r	JAL OCCUPATION (Kind of work done most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
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din any	14	ATHERSNAME First	Middle Lost	15. MOTHER'S MA, DEN NAME	First Middle Middle	Lost
n pleas val, an	160	WAS DECEASED EVER IN U.S. ARM es no, or unknown) (If yes give w	ED FORCES? 166 SOCIAL SECURI	9829 Follow Les	Address Address	mul.
director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in		PART I DEATH WAS CAUSED IMMEDIA Conditions if ony, which gove tise to immediate cause (a), stoting the underlying cause last.	TE CAUSE (o) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	Verithenlan f	ailure chunic Ry 6, condition Given in part 1(0)	APPROX MATE INTERVA. BERMEN ONSET AND DEATH MOULE MOULE
th prior	CERT FICATION	2/24/69	ONDITION FOR WHICH OPERATION WAS	about YES NO E	-J	
af Hea	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Doy Ye	19	er noture of Injury In Port 1 or Port 2, It	tem 18)
te Dept		of work of work		FACTORY.) 21f. LOCATION Street or R.F.D. No.	o. City or Town	County State
JK: Arre			s hospital) attended the decea ve on(l) (we) (did) (did not) view th		nian death accurred on the dat	e ond hour and from the
DIRECTO		22b SIGNATURE	Laule	DEGREE PHYS	MED STAFF 22c D	ATE S GNED
O FUNERAL DIRECTOR: A director, page 3 should should be filed with the C		22d. PHYSICIAN S NAME (Type) MA	X C PAAO	VK sp 22e ADDRESS 42	SE Shitchie Ar	21061
To FUI direct shou		BURIAL, CREMATION, 23b. D. REMOVA. (Spec fy). 3	-29-69 Pit	CEMETERY OR GREMATORY CLIF	23d LOCAT ON (Gry or Town)	(County) Stotes
VR A15 45M - 1269	24.	UNERAL DIRECTOR	Strong ADDRE	25d RECDI	2 6 1969 256 REGISTRARS	GIGNATURE



MAKTIAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03353 CERTIFICATE OF DEATH L DECEASED-NAME C Middle Lost 2n. DATE OF DEATH 2b. HOUR and 2 death. Erven Ervin The law requires that the death certificate be executed within 24 hours after death funeral fond (Type or print) Month Doy 18 Yeor 69 Raber 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In veors SELENDER LYFAR IE HINDER SA HRS ve carbon papers. Hages event, within 72 haurs afte Male White last birthday) HOURS 18 July 1894 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or fore.gn 8. MARRIED | NEVER MARRIED country) .⊆ IIS Anne Arundel County WIDOWED [DIVORCED [illed 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126, KIND OF BUSINESS OR INDUSTRY Auto during most of working life seven if settled) remove carbon Millersville Nursing completely 13o. JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 136 COUNTAnne odmission) STATE Arundle Annapoli's Dr. Anna., Luce signed by the attending physicion and cd burial transit permit. Then please remo burial, cremation, ar remaval, and in any IS MOTHER'S MAIDEN NAME First 14. FATHER S NAME Lost Meddle First Ida Raber John Raber 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes, na, ar unknown) Mrs. Charles Helm Luce Dr. Anna. Md. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY:
Septicema. BETWEEN OWSET AND DEATH Septicema days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Decubitus ulcers 1 month rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Hemiplegia 2 months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) Arteriosclerosis, general and cerebral with cerebral thrombosis. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 sllould be detached for use as the shauld be filed with the State Dept of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) ATTENDING PHYSICIAN: 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while 22a. I certify that (i) (this haspital) ottended the deceased from 11 February, 69, to 18 March, 19, 69, that (i) (we) lost saw the deceased alive on 15 Harch 1969, and thot in (my) (our) opinion death accurred on the date and hour and from the be retained causes stated abave, (1) (we) (did) (did not) view the bady after deoth. 22b SIGNATURE 22c. DATE SIGNED DIRECTOR PHYS. PHYS 22e. ADDRESS 22d. PHYSICIAN S NAME(Type) Charles W. Kinzer. M. D. 16 Murray Avenue, Annapolis, Md. 21401 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BUR AL (REMATION 23b DATE (County) (Stote) Buffal (Specify) Uniontown. 1969 Greenlawn Cem 25b. REGISTRAR'S SIGNATURE /ADDRESS 25g. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 212 West St. Anna Manily AR VR A15 (4) yer in read years 30M REV 1/68 Home



Them 3 film Cill 0 3 1/1/69 kk CERTIFICATE OF DEATH TO REVERD MARK Annie Elizabeth Ravert To Midde Lott TO MONTO DEATH Month 3 Det 9 1/866 1/20 Det To Month 4 Det 1/20 Det To Month 4 Det 1/20 Det 1/20 Det To Month 4 Det 1/20 Det 1/20 Det To Month 4 Det 1/20 Det 1/20 Det 1/20 Det To Month 4 Det 1/20 Det 1/20 Det 1/20 Det 1/20 Det 1/20 Det To Month 4 Det 1/20 D		1		DIVICION DE VITAL DECOD	DE SOLM DOCKT	AN CIDEEL DA	TIMODE MAD	VIAND 91901	033	54
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3. SEX PORMALO PROBLE PORMALO PORMANIA	÷ _24			Middle Middle	L.	ast	2a. DATE OF	DEATH		2b. HOUR
3. SEX PORMALO PROBLE PORMALO PORMANIA	and deat	((ype or pnnt) Annie	Elizabeth	Raver	t		Manth 3 Day	9 10069	7:20 DM
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Segrie of the state of the stat	cian cian		. WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b SOCIAL SECUI	RITY NO. 17 INFORA	MANT	· Cl	# > Address	WK191	
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Segrie of the state of the stat	PHYS e hosp nis cer tache Dept.	발	21d INJURY OCCURRED 21e Pi While That while The Native Indianal Pi		et, FACTORY.) 21f LOCATIO	N Street or R.F.D. N	la City	er Tawn	County	State
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Segrie of the state of the stat	Se di di		couses stated above,	(I) (we) (did) (did nat) view	the bady after death	1.				
22d PHYSICIAN'S NAME (Type) Charles W. Kinzer, M. D. 22e ADDRESS NAME (Type) Charles W. Charles NAME (Type) Charles W. Charles NAME (Type) Charles NAME (Type) Charles NAME (Type) Charles W. Charles NAME (Type) Charles NA	RECT Shrift		22b. SIGNATURE	611/6	ORECOSE .	ATTENDING 🖂	MED DIRECTOR I			. (9
NAME (Type) Charles W. Kinzer, M. D. 16 Murray Ave., Annapolis, Md. 21401		L	22d PHYSICIAN'S CI2 2	Zurge VVI	1	22e, ADDRESS				-H O 1
O Q S S S PLAT CREMATION 12th DATE 123, NAME OF CEMETERY OF CREMATORY 1 224 ACCASION (City OF Town) (Carety) - (Store)	PITA 1 mo ERA or, p d be		NAME (Type) Unarle	s W. Kinzer, M.	. D.	16 Murra	y Ave.,	Annapoli	s, Md.	21401
TOTAL OF CONTROL (COUNTY) (COUNTY) (COUNTY)	HOS Ige 4 FUN Fun	230	BURIAL CREMATION, 23b. DA			ATORY L	23d 10£A/10	N (City or Tawn)	(Caunty) ~	(State)
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24 FLANERAL DIRECTOR/) /7 ADDRESS 250 REGIO BY REGIO BY REGIONALIZED	VR A15 (4) 30M REV 1/68	27	FUNERAL DIRECTOR	y Chuasoli.	md.	M M	ART 1	969. REGISTER	SIGNATURE OF	ege.
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	0336	n	DIVISION O		OS, 301 W. P	RESTON STREET, BAL CATE OF DEATH	TIMORE, M	ARYLAND 21	201	0335.	5
1	DECEASED-NAME	First		Middle	CERTIFIC	Last	20. DATE	DE DEATH			-
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IC	Annapol	is	91%	NAME OF HOSPITAL OF e street address) Inne Aruno	lel Gen.	Hospital during	UAL OCCUPATION Bost of working Newbo	N (Kind of work ig life, even if re	dane tired)	126 KIND OF B	BUSINESS OR
ac	Mary 1	(Where decease	d lived, f instit 13b COUNTY, Anne A	ution Residence beformundel	re 13c CITY OF			street and num t-2, Box		ιA.	
14	FATHER S NAME	First	Middle	Las		MOTHER'S MA DEN NAME			ddle		Last
		avid	Alla		_	Evely	n	Faye	-	Saboury	7
14	Sa WAS DECEASED EV Yes, no, or unknown NO	/ER IN U.S ARME) (If yes give war	D FORCES? or distes of service)	166. SOCIAL SECURI		NFORMANT Hospi	tal rec		iress		
		which gave te cause (o), erlying cause	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE	OF OF) THE TERMINAL DISEASE OF		· · ·	Windows .		
CERTICICATION	190. DATE OF OPER	ATION 196. CO	ONDITION FOR W	HICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES ☐ NO [CALLS	IF YES, WERE FINI ES OF DEATH?	DINGS COI	NSIDERED IN CE	RTIFYING
MEDICAL CE	DR CONTR BUTING	CAUSE OF DEATH medical examine	HOUR A.M. P.M.	. Month Day Ye	19	OW INJURY OCCURRED (Ent			Part 2, lite	em 18)	
n	While Not w	nile 🔲				OCATION Street ar R f D N		y at Fawn		County	State
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		serve-	450	Thereson	of Degr		MED. DIRECTOR	STAFF PHYS		ATE SIGNED	9
	22d. PHYSICIAN S NAME (Type)		an S. F	Robinson,		22e. ADDRESS Hahn Prof				k, M	d.
	a BURIAL, CREMATIC REMOVAL (Specify FUNERAL DIRECTOR	P 7	Jaije;	23c hame	4 /	CREMATORY (IKUNKE), 250. REC'D	BY REGISTRAR	ION (C.14 or Town	STRAR S SI		(Side)
1	Week X	Drit.	which the the	Little	1 1 Sec. 10	DATE MA	R24	969 🖓	1 to 19	12. Our	P a m



and the same of th	_	03361		VITAL RECORDS	301 W. PRESTON		DRE, MARYLAND 212	03356
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filled pope hin 77	10. 0	ITY OR TOWN OF DEATH			ISTITUTION (If not in hosp	ital 12a USUAL O	CCUPATION (Kind of work	dane 126 KIND OF BUSINESS OR
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ecuted with campletely ove corbor y event, with	130		ed lived, if institu	t on-Residence befare	13c CITY OR TOWN	13d INSIDE CITY JM:157	13e STREET AND NUM	BER
cuted amplet ve cor event,	odm	USUAL RES DENCE (Where deceasissian) STATE	13b COUNTY	-Anumal-	Gambrills	YES NO	Box 414	
exe oming		FATHER'S NAME First	Middle	Last		S MAIDEN NAME First	Me	ddle Last
quires that the death cextificate be exemply signed by the ottending physician and colorial-transit permit. Then please remo burial, cremation, or removal, and in any		Walter	M.	Robbins		The	resa	King
and and and		WAS DECEASED EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECURITY	NO 17. INFORMAN	ī	Add	dress
(∰) S (∰)	1	es, no, ar unknown) (11 yes give v	vot or datas of service)	219-16-	2.372 Mrs.	Betty S. R	obbins - sa	ne as #13 above
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f din		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY	Jun 15 0	myoraide	20 Tula	· show	SELWEEN GHOEL WAS DEATH
ne death ottendi permit. ion, or r		I///A/O	ALE CAUSE (a)	20012	racto crasa	ax ruga	ce. I on	2001
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tat - F		rise to 'mmed ate cause (a).	(0)	AS A CONSEQUENCE OF	arry 1	-conoris		9 2007,
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dini dini the	S S	19g, DATE OF OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS P	EDEODMEN 200	AUTOPSY?	TOOK IS VEC WERE SIN	IDINGS CONSIDERED IN CERTIFYING
The law randing ottending hos been se as the th prior to	2	170. DATE OF OPERATION 170.	CONDITION FOR W	HICH OF EXALION WAS I		S NO NO	CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFING
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician. NRECTOR: After this certificate has been signed by the ottending physician e. 3 should be detached for use as the buriol-transit permit. Then pleased with the State Dept. of Health prior to buriol, cremation, or remaval, and	CERTIFICATION	210. ACCIDENT WAS UNDERLYIF	IG 21b. TIME C	VE INTITION			ture of injury in Part 1 or	Seed O (bear 18)
PHYSICIAN: 1 he hospital or this certificote letoched for us b Dept. of Healt		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	Month Day Yea		7 OCCURRED (Enler no	ture or injury in Port 1 or	7011 Z, (lem 16.)
Sprit	MEDICAL	(If either, notify medical exami	ner) P.M.	A AT SABAR TABLE CEREST C.	9	er t BED N		6
PHY be pis	~	21d. INJURY OCCURRED 21e. While Not while 1 at work 1	PLACE OF INJURY	OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION	Street of Kr.D. No.	City or Town	County State
f de la fe		at work at work	1 . 15			10 / 6	1 6 100	107 8 11 1887
IDING 1 by t After 1 be c	L	22o. I certify that (I) (the	is hospitol) off	rended the deceos	sed from3_	10 , 196 4	n death occurred on	the date and hour and from the
# Fed Sed	L	couses stoted above	(i))(we) (did	(did not) view the	body ofter death.	(out) apinto	m deom occorted on	the dote and hour and from the
TA SE	L	22b. SIGNATURE /	1 1	0				22c DATE SIGNED
od v	1	Jole	July 3	dun	DEGREE PH	ENDING MED DIREC	CTOR STAFF D	3/22/69
A S S S S S S S S S S S S S S S S S S S	L	22d. PHYSICIAN'S			220	. ADDRESS		, ,
ERA SERVICE	1	NAME (Type)						
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defloched for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, creashould be filed with the State Dept. of Health prior to buriol, creases.	230	BURIAL, CREMATION, 236.	DATE	23c. NAME OF	CEMETERY OR CREMATO	RY 2	3d. LOCATION (City or Tow	(County) (State)
6 9 0 p 4		DEMONAL (Specific)	r. 24,19	69 Balt	more Natio	nal Cem.	Baltimore	Md.
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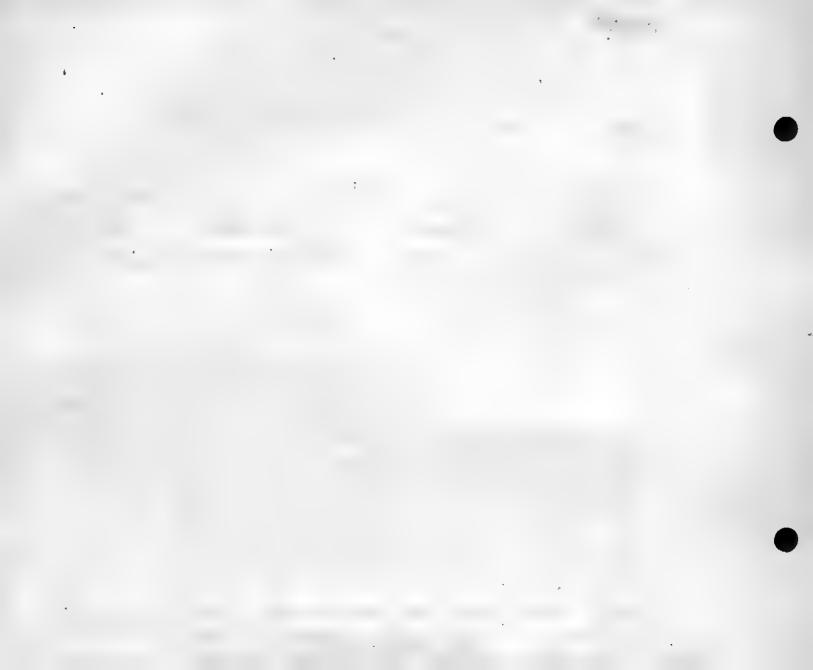
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_	1			ND STATE DEPARTMENT UP		
	1	03362	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL		
		0000k		CERTIFICATE OF DEATH	(3357
+ +		ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
\$ 5 8	L '	(Ype or print) Claud	ia Elizabeth	Rogers	March 2	9. 1989 M
(EVA) E	3 S		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IE UNDER YEAR IE UNDER 24 HRS
		Female	White	Jan. 6.	1890 6 AGE (In years last birthday) 79 YRS.	MONTHS DAYS HOURS MIN
a ino	70.	BIRTHPLACE (State or fareign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
h h h Z	COU	Marvland	U.S.A.	WIDOWED DIVORCED	Anne Arundel	Md
E B E	10 (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	ISTITUT ON (If nat in hospital 12a US	UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
within V		Annapolis	give street address) Bay	Manor Nurs-during	most of working life, even if retired)	INDUSTRY
7 4 2	130	USUA. RES DENCE (Where deceas	ed fived, if natification Residente Seign	13c CITY OR TOWN 13d INSIDE CITY	iousewile	
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed will be retained by the hospital or attending physician. (IRECTOR: After this certificate has been signed by the ottending physician and completely e 3 should be detached for use as the burial-transit permit then please remove carbo and with the State Dept. of Health prior to burial, cremation, or removal, and in any event, we with the State Dept. of Health prior to burial, cremation, or removal.	adm	ssion) STATE Maryla	nd3b COUNTY Anne Arur	del-Anna. YEX		Street
e execution on company company events	14	ATHER'S NAME First	Middle Last	IS. MOTHER S MAIDEN NAME		Last
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ate bo	16a.	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY		Address	1200 West St.
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rent,					/	APPROXIMATE INTERVAL
of the deoth cer the ottending is in permit The mation, or remo		PART DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c	octon Do	16-100 Drese	BETWEEN DASET AND DEATH
ottend on, or i		IMMEDIA	TE CAUSE (a) FACT PACTO	SUEROIL	FIRE DISTAS	- 10YRS
5 to 2 to		7/20/	DUE TO, OR AS A CONSEQUENCE OF			
to the state of th		Canditions, if any, which gave prise to immediate cause (o),	(b) HYPERIL	EN3/81		124es.
, # E & E = 5		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			/
equires that the physician. signed by the burial-transit burial, cremat		lest	(c)			
phy sign bury		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT I	IOT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART I(a)	
The low re attending has been se os the th prior to	8	UEREBR	AL THRON	180515 - 1-	14-69	
s by a	E	196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
PHYSICIAN: The low rene hospitol or attending this certificate has been seroked for use as the loopt, of Health prior to be	CERTIFICATION			YES NO	CAUSES OF DEATH?	
or or use solit		21a ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Port 1 or Port 2,	Item 18)
A 是 第 5 年	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year	9		
YSI cer cher		21d INJURY OCCURRED 21e		CTDRY.) 21f LOCATION Street or R.F.D. N	la City of Fawn	County State
PH We for the performance of the		While Not while at work	COFFICE BUILDING, EFC	1		,
V ≠ ceri			s haspital) attended the deceas	ed from (2) / 19/	66 to 2/2019	(F), that (I) (we) last
d b d d d d d d d d d d d d d d d d d d	П	saw the deceased al	ive on 3/2/	1964, and that in (my) (aur) ar		te and have and from the
OUR:		causes stated above	(I) (we) (did) (dro nat) view the	bady after death.		
■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■		22b SIGNATURE	0 1/3	1	224	DATE SIGNED
OR De 1	Ш	(VIIIA	rd I Rell	DEGREE PHYS.	MED, SYAFF DIRECTOR PHYS	3/29/69
A AI Doog		TRAL PHYSICHAN'S		22e ADDRESS		1-1/4/
ERA DE LA DE LA DE LA DE LA DE LA DE LA DEL		NAME (Type) Edwa:	rd S. Beck MD	73 Fra	anklin St. Ann	a. Md.
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospirol TO FUNERAL DIRECTOR: After this certifica director, page 3 should be detoched for should be filed with the Stote Dept. of He	23o	BURIAL, CREMATION, 235 D	ATE 23c, NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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1,50	24.	FUNERAL DIRECTOR	ADDRESS	a 25g RECD	BY REGISTRAR 25h REGISTRARS	
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1		. MARYLAND STATE DEPARTMENT OF HEALTH	
		03363 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			03358
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month OF ESTI-	Day Year 2b. HOUR
Poge 1s		JERRY TICK A RUCKER DEATH MATED 3	9 459 A M
y delay and 3 PM3. Po	3 3	SEX 4. RACE 9 DATE OF BIRTH 6 AGE IN years FUNDER 1 YEAR IF LINDER 24 HRS. 20 DATE PRONOUNCED DEAD Months Days Hours Min. Month Day	9 Year 49 A M
TE A		BIRTHPLACE (Stole or fore.gn 7b. (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDGWED DIVORCED AND ASSESSED ASSESSED.	de. M
Peath frote	10.	CHY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR NST.T.JTION (If not in hosp tol 120 USJAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
73 2	19%	Ten Burnie give street oddress) during most of working ite, even if ret red)	IND JSTRY
18. Give to olong ye with the death.		O USUAL RESIDENCE (Where deceased lived, if institution: Residence before 130-LITY OR TOWN 13d. IMMIDE CITY LIMITS? 13e. STREET AND NUMBER	Drive
hours Item 11 Office I and 2	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
		John Schneider Jeanmette Ru	icket
thin ninel ninel page		to WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, opunknown) (If yes give war ar dates of service) (16b SOCIAL SECURITY NO 17. INFORMANT	C 4-\$
d with per Exam Exam File			APPROXIMATE INTERVAL
be executed "pending" in nef Medical Esonsit permit. Fi		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE (A SE (a)	BETYPEN ONSET AND DEATH
e executed pending" ir sf Medicol sit permit. vent within		THE EDISTE CHOSE (U)	lude
e e e e e e f h e		Conditions, if ony, which gove)	٠.
vord " vord " ol-tror ony e		rise to immediate couse (a). (b) Stating the underlying couse (DE TO, OR AS A CONSEQUENCE OF	
2 2 4 12 1		lost Underlying Couse	
the state is to but in the individual in the state is the state in the state is the		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR COND T ON GIVEN IN PART 1(a)	
ing dec	_		
certil , writ orwar used mova	CATTON	190 DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION	20. AUTOPSY?
This conce, be for or rem	CERTIF C		YES NOSE
= -			am 18.)
verification of the stant of th	MEDICAL	CAUSE OF DEATH P.M. 19	
Mit the the service 3 erano	W	21d INJURY OCCURRED WHILE NOT WHILE AT WORK A	County State
		22a. I certify that Track charge of the remains described above, held an Autopsy . Inspection . Inquiry	and n my opinion
S a s p E in		death resulted from Natural causes . Accident . Suicide . Hamicide . Undetermined monner	
please e la director retained L DIRECT		CHIEF MEDICAL EXAMINER	
ITY please erol direct be retaine RAL DIRECT Priar to I		SIGNATURE AND ASSISTANT MEDICAL EXAMINER 220 DATES	IIGNED O
Cessory, per function be refundable refundab		EXAMINER'S DEPUTY MEDICAL EXAMINER X	9/61
		NAME (Type) E. LINHAROT - ADDRESS (Street, city, town, or county)	AM.CO.
0 m + ~ 0	23	BO BURIAL (REMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (C by or Town) REMAINAL (Specify) March 11 1969 Glen Hoven Mem-Park Glen Burnie	(County) (Stote)
<u>\</u>	24	4 FUNERAL DIRECTOR 256 REC'D BY REGISTRAR 256 REC'D BY REC'D BY REGISTRAR 256 REC'D BY REC'	AGNATURE -
VR A15ME [5]	L	5.13. Fleming - Glen By 1-712 116.	00



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03364 CERTIFICATE OF DEATH 03359 1 DECEASED-NAME First Lost 20. DATE OF DEATH 2b HOUR offer death after death (Type or print) Schoener 18 Year 6912:30a Henry 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF JMDER I YEAR 5/6/9 MONTHS Caucasian Male signed by the ottending physidian and completely filled in by the burial-transit permit. Then please remove carban papers Pag burial, cremation, or removal, and in any event, within 72 hours requires that the deoth certificate be executed within 24 haurs 70 BIRTHPLACE (State or foreign country) 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED [7] NEVER MARRIED[completely filled in U.S.A. WITCH THE WATER WIDOWED [7] DIVORCED [Anno Arundel

2a. USUAL OCCUPAT ON (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12b KIND OF BUSINESS OR during most of washing tith even if retired) INDUSTRY Crownsville Md. State Hosp. Retired 13a SUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c OTY OR TOWN 136. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland VI36 COUNTY YES NO 422 S. Oldham St. # 21224. Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle last Maxmillian Schoener unknown 16b. SOCIAL SECURITY NO. 215-09-4566 16g. WAS DECEASED EVER IN ILS. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) (it yes give war or dates of service) Crownsville State Hospital Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Cerbral h BETWEEN ONSET AND DEATH Cerbral haemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, Tany/which gove (b) Chronic brain syndrome due to arteriosclerosis rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or ottending physician. stating the underlying couse (4) Possible pneumonia (Hypostatic) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept of Health prior to its 19g, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO 🖃 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 23f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 2/28 , 19 69 , ta 3/18 , 19 69 , that (I) (we) last saw the deceased alive an 3/18 1969 , and that in (my) (aur) apinian death accurred an the date and have and fram the courses stated above, (I) (we) (did) (did not) view the bady after death. 22h SIGNATURE ATTENDING DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Charles R. Venter, M. D. Crownsville State Hospital, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (Ciry or Town)
4701 (German Hill Rd., Ba. Co., 23g BURIAL, CREMATION 23b DATE 3-21-69 Sacred Heart Cemetery 240 FUNERAL DIRECTOR 6224 Bas 4849n 25o. REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE . ve. Balto., 21224,1.d. I were to make 1969



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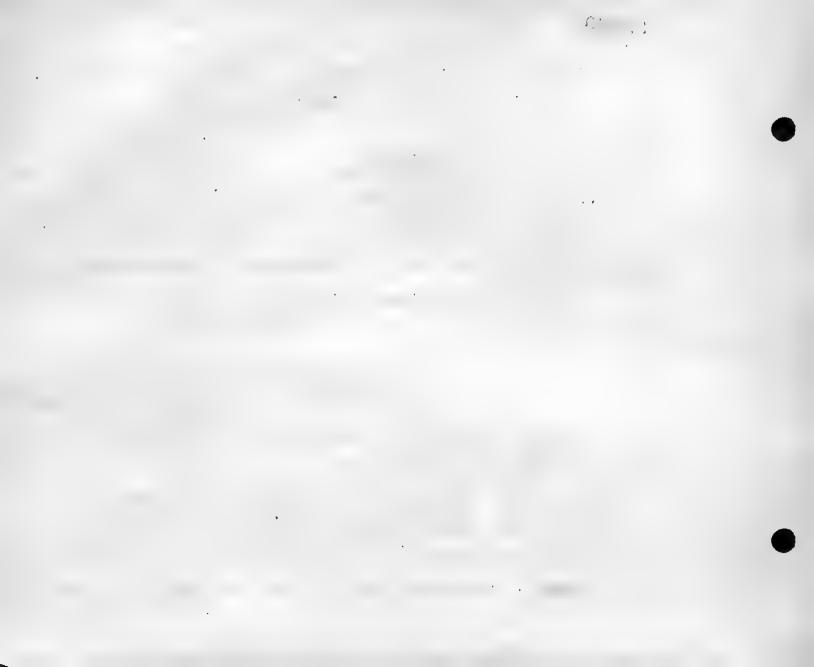


1	MARYLAND STATE DEPARTMENT OF HEALTH
1	03368 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03363
_	CERTIFICATE OF DEATH
	DECEASED NAME (Type or print) Toseph Chester Sheehan 20 DATE OF DEATH Day 120 HOUR The Month 23 126 PM
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(0	BIRTHPLACE (State or foreign USA Sharried Never Married Divorced Divorced Middle)
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14	FATHER'S NAME FIRST MIDDLE SHEEHAN S MOTHER'S MAIDEN NAME, First Middle CHESTER
16	a. WAS DEFEASED EVER IN U.S. ARMED FORCES? Yes, nande unlengwin) (If yes give your god deferred service) 18 SOCIAL SECURITY NO 17 INFORMANT BERUARDINE SHEEHAN # 13
	18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) one (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Property of Conditions, if any, which gave is set to immed of a couse (a) (b) Many Heart Britain 15 yr.
	stating the underlying cause lost. Due to, or as a consequence of (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR COND TON GIVEN IN PART 1(0)
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CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
MEDICAL CE	The same of strong and the strong an
W	While Not white of work of work
	22a. I certify that (I) (this hospital) attended the deceased from 1954, to 3-1969, that (I) (we) last sow the deceased of one on 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did nat) view the body after death.
1.	The Hysterian's Degree Phys Degree Phys Director
200	NAME (Type) 7-18 S#1/ALEY annapolis, and
230	BURIAL 3-26-69 MEADOWRIDGE ELKRIDGE HOWED MD.
1	Hydral Director Later of Adus and Dress, Mda Date MAR 2 6 1968 Gillianta Constant

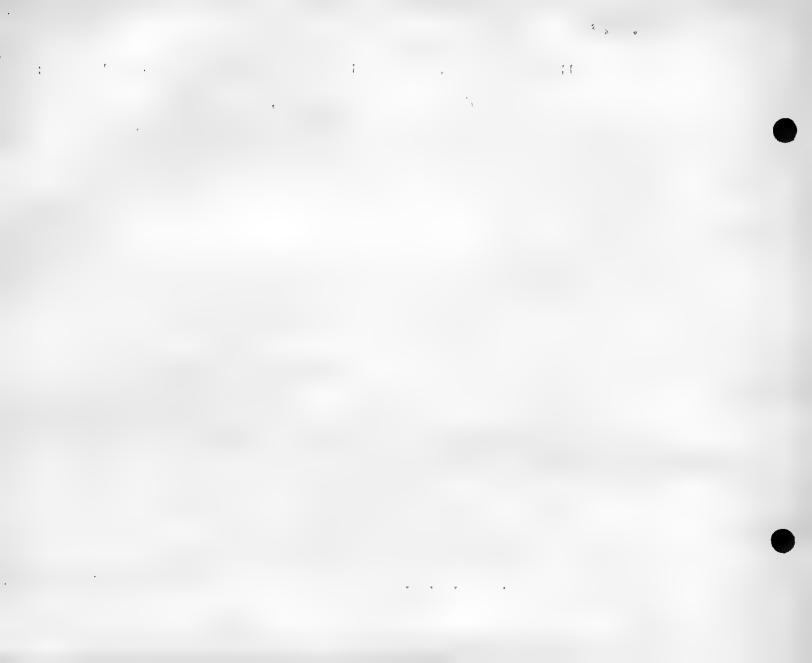




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1 / 1	03370	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA ERTIFICATE OF DEATH		() () () () ()
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₹ - 24	1 DECEASED-NAME FIE	st M.ddle	Lost	20 DATE OF DEATH	2b HOUR
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and com	14 FATHER'S NAME First	Middle Lost	IS. MOTHER'S MA DEN NAM	E First Middle	LOST
den den	Arthu	r Lee Shreve		Harriet Rebecca	Gale
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ng F	18. CAUSE OF DEATH (Enter	only one couse per one for (o), (b) and (c).			APPROX,MATE INTERVAL BETWEEN ONSET AND DEATH
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pite filter	(If either, not ty medical exor	niner) P.M. 19			
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O HOSPII Page 4 m O FUNER director, should b	230 BURIA , CREMATION 23b	DATE 23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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(Type or print)	la Bullin	SIMMONS	March Month 14 Doy	1969 2:25 M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF JNDER 1 YEAR IF JNDER 24 HRS.
Female	White	August 12,	l last birthdov1	MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (State or foreign		B MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
(country) Maryland	U.S.A	WIDOWED DIVORCED	Anne Arundel (County Md.
10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120 US	UAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
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odm ssien) STATE	deceosed lived, if institution: Residence before	13c, CITY OR TOWN 13d, NSIDE HIT	NO.	,
Maryl		Annapolis	521 Horn Por	nt Drive
14 FATHERS NAME FIRST	11/2/1 Middle R. 1/2st	15. MOTHER'S MAIDEN NAME	First Middle	Lost
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	es give war or dates of service)	MARYA RUSSELL	CATIE ST. CIKAT.	MD.
18. CAUSE OF DEATH (Er	ater only one couse per line for (a) (b) and (c)		· HERRIAJ JULIS	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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Conditions, if any which rise to immediate coust		CLERCSIS G	ENERPH IZED	COYEARS
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190. DATE OF OPERATION 210. ACCIDENT WAS UND		YES NO [CALICES OF DEATING	DISTORALED IN CENTRALINO
			iter noture of injury in Port 1 or Port 2, 1	tem 18.)
OR CONTRIBUTING CAUSE (If either, notify medical 21d INTURY OCCURRED				
	21e. PLACE OF INJURY (AT HOME FARM, STREET FAC		No. City or Town	County State
While Not while of work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
22o. I certify that ((this hospital) attended the decease	od from # 77 , 19	pinion deoth occurred on the da	67 , that (1) (we) last
causes stated of	bave (1) (we) (did) (did not) view the	oady after death.	himon neoth accorted ou the da	re one neur and from the
225. SIGNATURE	0 8/2 0	ATTENDING		DATE SIGNED
6 delle	ard Speck	DEGREE PHYS	DIRECTOR D STAFF D 3	14/69.
22d: PHYSICIAN S NAME (Type)	dward S. Beck, M. D.	22e. ADDRESS 73 Fran	nklin Street, Anna	polis Maryland.
230 BURIAL, CREMATION, REMOVAL (Specify)	236 DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LDCATION (City or Town)	(County) M(Stote)
24 FUNERAL DIRECTOR D	ADORESS	2So. RECO	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
John M. Fyton	Txpry (incopoli, 8	Med. DATE MA	K I 1 1969 Julian	ton Judge





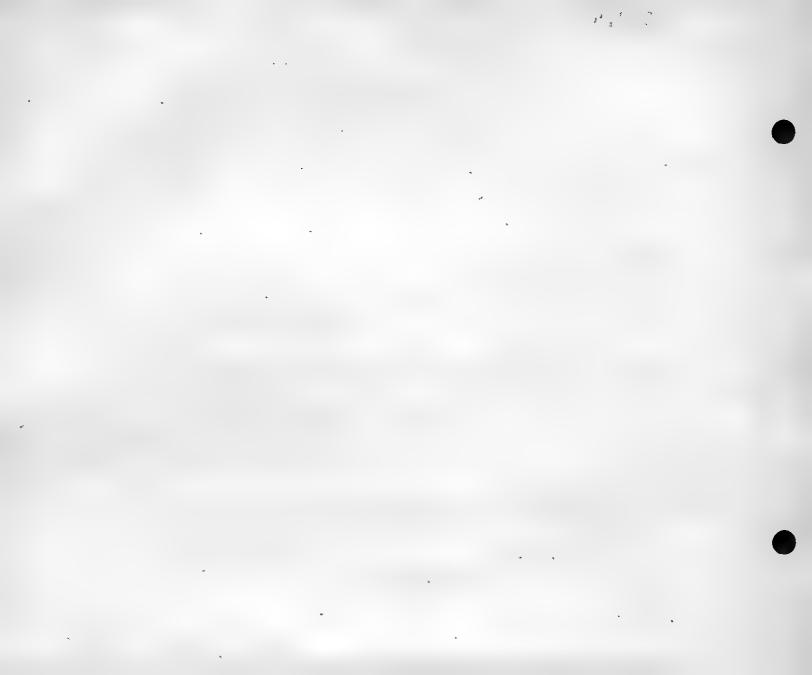
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04893 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT 1. DECEASED-NAME First Middle 20 DATE KNOWN Manth Year 2b HOUR (Type or Print) OF ESTI-CONSTONT J. DEATH MATED X 1969 AGE (n years IF UNDER 1 YEAR IF LINDER 24 HRS A RACE S DATE OF BIRTH 3 SEX 2c DATE PRONOUNCED DEAD P.M.3. 49 YRS male white 1969 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH with farm WIDOWED [DIVORCED [Anne Arundel 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g LSJA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY Annapolis 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN FRIARY 13b COUNTY ne Arundel odmissing Starland NO 🔯 YES 🗍 tem te Annapolis St. Conrads Treary 24 hours after ono 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME KOLOU = 4 should be farwarded to the Chief Medical Examiners haurs 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT executed within (Yes, no, or unknown) (If yes give war at dates of service) File APPROXIMATE INTERVA. within 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. Presumably Drowned IMMEDIATE CAUSE (a). event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if only, which gove nse ta immediate cause (a). This certificate should the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause \subseteq PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES X NO [Б 21g. EXTERNAL CAUSE WAS 27b, TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part, or Part 2, Item 18) 3 should PRIMARY CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town Caunty Stote factory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy [X], Inquity and in my opinion Inspection deoth resulted from Notural couses ----Accident Suicide | Homicide Undetermined manner X CHIEF MEDICAL EXAM, NER Health prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/12/69 DEPUTY MEDICAL EXAMINER Spit **EXAMINER'S** may NAME (Type) ADDRESS(Street, city, town, or county) 23a BURIAL CREMATION. 23d LOCATION (City or Town) (State) FUNERAL DIRECTOR YR A15ME (5) 10M REV 1768

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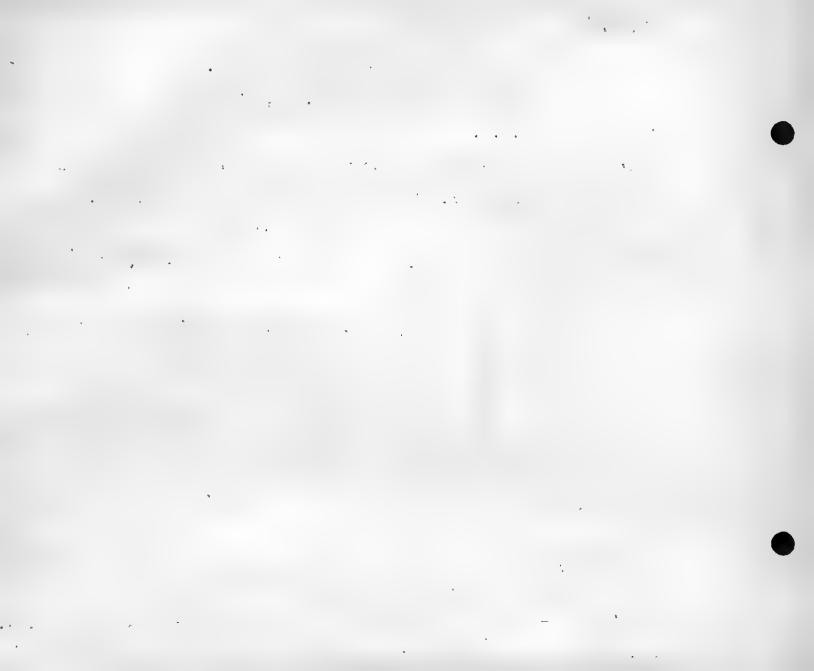
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1 /	MARYLAND STATE DEPARTMENT OF HEALTH	
END STATE	03375 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	369
HEALTH DEDT	Mariana and Mariana Califfrida Colonia	Year 25 HOUR
vool=	(Type or Print) FSFELLA P SMOOT DEATH MATED 3 6	169 AN
delay is and 3 to M3. Page	SEX 4. RACE S DATE OF BIRTH 6 AGE, in years IF UNDER I YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Month 3 Day / Year	2d HOUR
J. 2, m Phy	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH JUNION OF DEATH WIDOWED DIVORCED DIVORCED ANNE MEN del. Co.	M M
Poges with farre E	CTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND	OF BUSINESS OR
r d g v the	Then Buznie give street address) the provided the during most of working life, even fretired) IND_STRY	(T) (T) (T)
de V	OUSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c (ITY OR TOWN odm ssion) STATE 13b. COUNTY A. R. LO FACADENT YES NO E FIZABETH Role	Boylay
24 hours in term of rs offer d	FATHERS NAME STIFFST Middle STORY Lost IS MOTHERS MAIDEN HAME First Middle	Lost
hrn ncd nined page hau	(Yes, no, or unknown) (If yes give war or defes of service) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
executed with and	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Constitutions Spring on the course of the course	PROXIMATE INTERVAL VEEN ONSET AND DEATH
X P X A t	Cand t ons, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Cand t ons, if any, which gove)	2
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF lost.	
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is certificate forwarded forwarded e used as a removal an	WAS PERFORMEN?	AUTOPSY?
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Sho s	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e P.ACE OF INJURY (At hame, farm, street, while not while factory, office building, etc) 21f LOCATION Street or R.F.D. No. (ity or Town County)	State
DEPUTY Cessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page colth priar to burial, crem		d in my ap nian
ITY DICY. ry, please eral director be retained RAL DIRECTOR priar to b.	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER	
EPUTY, ple sssary, ple funeral di ay be ret bineral di ineral bineral	ACTUAL SIGNATURE SIGNATURE M D ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED DEPUTY MEDICAL EXAMINER 3-6-6	.9
	NAME (Type) ——Lin BARCY . ADDRESS (Street city, town, or county)	lo.
6 2 4 ∞ 6 4	23d BURIAL (REMATION 23d. DATE 23d NAME OF CEMETERY OR CREMATION (Cut or Town) 2 (County)	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH

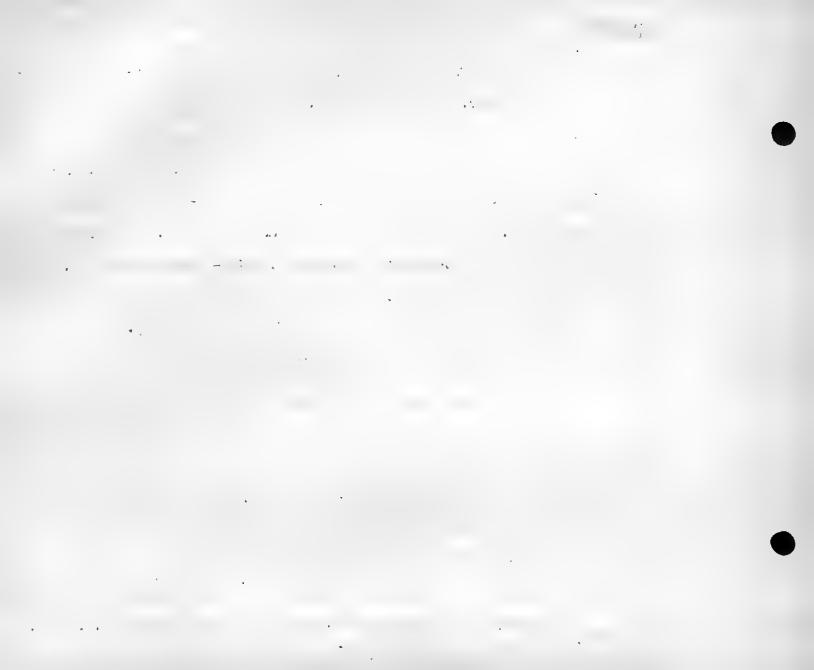


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03377 CERTIFICATE OF DEATH 03371 2b, HOUR DECEASED NAME First Middle Last 2g. DATE OF DEATH (Type ar print) MARCH Month 5 RAYMOND SROCK 3:30 % 3. SEX 4. RACE S. DATE OF BIRTH 14 hours after 6 AGE (In years IF UNDER 1 YEAR HE LINDER 24 HIRS signed by the attending physician and completely filled in by the furburial-transit permit. Then please remove carban popers. Pages burial, cremotion, or remaval, and in any event, within 72 haurs after MONTHS T DAYS last birthday) HOURS MALE WHITE 30 AUG 1913 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [30] NEVER MARRIED Penna. Anne Amundel USA WIDOWED [7] DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 32b KIND OF BUSINESS OR requires that the death certificate be executed within give street address)
U.S. Kimbrough Army Hosp during most of working life, even if retired). Serviceman Ret d INDUSTRY U.S. Army Ft Geo G.Meade 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY UMITS? 13e STREET AND NUMBER admission) Maryland Anne Arundel Rt #3. Box/168 Severn 14. FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Cathryn Jacob Srock Johnson 16g. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes give wor or dates of service)
1941-1961 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ar unknown) Yes same as 13e Violet Srock (wife) 130-01-3378 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter anly one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEAT PART ! DEATH WAS CAUSED BY. Ventricular Fibrillation I hour IMMEDIATE CAUSE (a) 4123 Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerstric Heart Disease 20 years rise to immediate cause (a), Page 4 may be retained by the hospital or attending physician.

• FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. of Health prior to burial, crea DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? Yes NO | YES SY 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that the constant of the deceased from 5 Mar 1969, to 5 Mar 1969, that 20) (we) last saw the deceased alive an 5 Mar 1969, and that in (20) (aur) opinion death accurred on the date and hour and from the causes stated abave, it) (we) (did) (didnost view the body after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF 5 March 1969 X DEGREE DIRECTOR PHYS 22e. ADDRESS US KIMBROUGH ARMY HOSP, FT MEADE, MD PHYSICIAN ROTHSCHILD, CPT, MC 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION (City or Town) (County) (State) 23a. BUR AL CREMATION REMOVAL (Specify) 0 25b REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) DATE MAR 30M REV 1/68 Glen Barnie

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MARYLAND STATE DEPARTMENT OF HEALTH



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ΙX		02270	DIVISION OF VITAL RECORDS, 301 W. PREST		MARYLAND 21201	
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executed within 24 haurs after death and completely filled in bathe funeral emave carban papers. Pages 1 and 2 any event, within 72 hours after death	70	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED N	A THE INTERIOR	Y OF DEATH	
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重 単語の人	ال بر	TIY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (if not in tigive street address)		TION (Kind of wark done king ife, even itretired)	12b KIND OF BUSINESS OR
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and co	14.	ATHERS NAME First		THER S MAIDEN NAME First	Middle	Lost
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ne death cer attending p permit. The		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	If ane cause per line for (a) (b), and (c))	\		BETWEEN ONSET AND DEATH
dea tend tend ar			ATE CAUSE (a) + Cilla pull	165 pronum	2000	tacks www.
he at per		Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	0 1	*	1:4-
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requestion signatures of the second s		PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART T(a)	
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as h	3	170. GATE OF OPERATION 170	COMPRISON FOR WHICH OPERATION WAS PERFORMED	(1)	b. IF YES, WERE FINDINGS CON USES OF DEATH?	SIDERED IN CERTIFYING
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IAN Find of for for for for		OR CONTR BUTING CAUSE OF OF	H HOUR A.M. Manth Day Year	DURY OCCURRED (Enter nature of	injury in Port 1 or Port 2, Rer	m 18)
G PHYSIC the haspit this certi detached	MEDICAL	(If either, notify medical exam 21d IN.JRY OCCURRED 21s	PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 214 LOCATIO	M. Charles D.C.D. No.		6
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OR: action		causes stated abay	e, (I) (we) (aid) (did not) view the bady after death	n.	in accorde all the agic	and naor and main me
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TO HOSPITAL Page 4 may b TO FUNERAL D director, page	23 a.		DATE 23c NAME OF CEMETERY OR CREM	ATORY 23d too	ATION (City or Town) sville, Balto.	(County) Md (State)
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qea	funeral 1 and 2 ter death	'	ype or print) KA	YTE	NANNIE		SYKES		Manth 3 Day	15 69	11;00AP
ter	fer a	3 5	X	4. RACE			S DATE OF BIRTH		6. AGE (In years last birthday)	F JNDER 1 YEAR MONTHS 1 DAYS	IF UNDER 24 HRS.
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within 24 haurs after death	bon par		CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS give street address) NORT	H ARUN	durin		PATION (Kind of work dane orking life, even if retired)	126. KIND OF B INDUSTRY	
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xec	d co	14. 1	FATHER'S NAME First		idle Last		MOTHER'S MAIDEN NAM	AE First	Middle		Last
	ician and college rema		(Late) Thom	as (Dye)						
requires that the death certificate be	physician ien please oval, and i		WAS DECEASED EVER IN U.S. ARA es, na, ar unknawn) (If yes great w	MED FORCES? rar or dates all serv	16b. SOCIAL SECURITY N 227-40-8	-	FORMANT Curtis Sy	kes,	Box 20-A.	Stoney	Run,
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he	has h pri	15					YES [NO	NX	CAUSES OF DEATH?		
 	arte r us e aft		210 ACCIDENT WAS UNDERLYIN		IME OF INJURY	21c. HO	W INJURY OCCURRED (Enter nature	of injury in Part 1 or Part 2,	frem 1B.)	
ICIA pital	certificate hed far u ot. af Heal	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		A.M. Manth Day Year P.M. 19						
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OR AT	DIRECTOR: ge 3 shauld led with the		22b_SIGNATURE	- /9	all	DEGRE	ATTENDING D	MED DIRECTOR	STAFF 22c.	DATE SIGNED	59
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or	C FUNERAL DIR		22d. PHYSICIAN'S NAME (Type) DR	CHARLE	S BALL		220 ADDRESS	m	pla Rd. L	millie	cen Ad
10S	O FUNERA director, I shauld be	23a	BURIAL, (REMATION, 23b.		23c NAME OF	CEMETERY OR (CREMATORY	23d.	LOCATION (City or Town)	(County)	(State)
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	JOM REV	24.	FUNERAL DIRECTOR Witzke-Holli	ns &	Gilmor Sts	.,Bal	to.	R 1 7	1969 PEGISTRAR'S	SIGNATURE SALES	u.

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Po Po	70	Male BIRTHPLACE (Stote or fareign	White 8-1-1886	9. COUNTY OF DEATH	
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bon /	<u></u>	Glen Burnie	North Arundel Hospital R	etired	
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See See		USUAL RESIDENCE (Where deceinssion) STATE Marylar	Baltimore YES X	Jer of Dance	ewood Ave.
ote-be executed with flament completely ond in any event, w.)	14.	FATHER'S NAME First	MINUTER S MAIDEN NAME	First Middle	Last
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tal far	3	OR CONTRIBUTING CAUSE OF DE	ATR HOUR A.M. Month Day Year	, , ,	,
SSPI SSPI Sent Tent To	MEDICAL	(If either, natify medical exam 2 d. INJURY OCCURRED 216		lo City or Town	County State
PHYSICIAN: The hospital or this certificate estoched for us Dept. of Health		While Not while at work	2. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 216 LOCATION Street or R.F.D. N		2000
구 를 를 하는 다음		22a Leastifu that (1) /t	his bosnitall attended the decoased from To 171 19	19 to 6:37 10	19 that (I) (wa) last
DING d by t After d be c	1	saw the deceased	his haspital) attended the deceased from 3-17, 194 alive an 1959, and that in (my) (aur) alive (I) (we) (did) (did not) view the back after death.	pinian death accurred an the dat	e and haur and fram the
the chief		causes stated abov	re, (I) (we) (did) (did nat) view the bady after death.		
A ST SE	П	22b SIGNATURE	ATTENDING ATTENDING AND		ATE SIGNED
OR OR	1	\$1101am	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	27-19
AL Day I		22d. PHYSICIAN'S	22e. ADDRESS		
Poge 4 may be retained by the hospital or attending physician. Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-tronsit permit. Then poshould be filed with the State Dept. of Health prior to burial, cremation, or removal.		NAME (Type) /4, /A	EY (HEKISHUMI		
HOS FUN Oul oul	23a		DATE 23c NAME OF CEMETERY OF CREMATORY	23d LOCATION (City or Town)	(County) (State)
55594		25/3/Sperity AL D	11RCH 31 968 HOLY ROSARY GEMETER	BALTIMORE	MD.
VR AIS (4)	24	FUNERAL DIRECTOR		BY REGISTRAR 2Sb. REGISTRAR'S S	
30M REV, 1/68	FA	MAN YORKHAKI	ZIROWSKI 2525 FLEET ST. DATEAD!	R 7 1969 Schor	Co Just

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03376 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME 20. DATE KNOWN DO (Type or Post) delay nd 3 ta DEATH MATED 4. RACE IF UNDER 24 HRS. 3 SEX DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR MONTHS HOURS 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH Hem-18. Give Pages 1, Office along with farm WIDOWED II NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. GTY OR TOWN OF DEATH 12a USJAL OCCUPAT ON (Kind, of work done 12b KIND OF BUSINESS OR during most of working life, eyen if retired) 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased I ved, if institution Residence before admission) STATE 13b. COUNTY ofter 14. FATHER S NAME Middle Last haurs pages should be farwarded to the Chief Medical Examiner 66 SOCIAL SECURITY NO. pencil 160 WAS DECEASED EVER **INFORMANT** (Yes, no, or yoknown) event within 72 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= removai, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O CERTIFICATION 19g. DATE OF OPERATION 196 COND TION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🔲 Б 21g EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) shauld MEDICAL PRIMARY TOR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) NOT WHILE AT WORK ___ AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection 4. Inquiry and in my opinion the funeral director. deoth resulted from Noturol couses Suicide Undetermined monner Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLIY MEDICAL EXAMINER 5 may FO FUNE Health ELMER.G. LINHAR NAME (Type) ADDRESS(Street, city, fawn, ar county) 23d/ LOCAT ON (City or Town) REGISTRAR S SIGNATURI VR A15ME IS

MARYLAND STATE DEPARTMENT OF HEALTH



_	MARYLAND STATE DEPARTMENT OF HEALTH
102 6	03383 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
101	CERTIFICATE OF DEATH 03377
를 무성률 -	DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
rr death. 'uneral 1 ond 2 êr death.	(Type or print) James Hermon Thomas 3-25-69 Month Day Year 7AM
24 hours after death od in by the funeral per cage; I and 77 77 how willing death	3. SEX 4. RACE S. DATE OF BIRTH FEC-16, 1903 6 AGE (In years if under 1 year is under 24 Hrs and 1 to un
4 hour	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED A. MACHINE MA
是是是 ,	Severial Oash. Black of Hospita. Or Institut On (If not in baspital leading in most of working life, even if retired) INDUSTRICE IND
e d de	13a SJAL RESIDENCE (Where deceased lived, if institution Residence before THE CITY OF TOWN 13a STREET AND NUMBER 13b COUNTY A A Science South 15s NOW Residence Meadures (Capturally)
be execut and com remove in any ev	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MA DEN NAME First Middle Lost
The law requims that the death certificate be execut attending physician. has been signed by the attending physician and comes os the burial-tramsit permit. Then please remove the prior to burial, cremation, or removal, and in any every	16a WAS DECEASED EXER IN U.S ARMED FORCES? Yes, no. astrophysical (If yes give war or doles at seemen) 16b SOCIAL SECURITY NO 17 INFORMANT Levra Edna Harms - allower
he death certific attending physi permit. Then plion, or removal,	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY. MANUFOLAT CO. ST. APPROXIMATE INTERVAL. BETWEEN OWSET AND DEATH
that the der an. by the atter tramsit perm	DUE TO, OR AS CONSEQUENCE OF
quims that the physician. signed by the burial-transit	nise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSIQUENCE OF last.
requims th g physician n signed by e burial-tral	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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IAN: The tol or officate ha ficate ha for use for use	
OR ATTENDING PHYSICIAN: The law rebe retained by the haspital or attending DIRECTOR: After this certificate has been ge 3 should be detached for use as the led with the State Dept. of Health prior to	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, FTC OFFICE
TENDING med by th NR: After t outd be de the State	22a. I certify that (I) (this haspital) attended the deceased from / (, 19, ta, 19, that (I) (we) last saw the deceased glive on 3 - (5 - (9, 19, and that in (my) (our) applied death accurred on the date and hour and from the
R ATTENI retained RECTOR: A 3 should with the	causes stated above, (I) (we) (aid) (dispersion of the body after death. 22b SIGNATURE 22c DATE SIGNED 22c DATE SIGNED
	22d PHYSICIAN'S NAME (Type) R Last R HAHA) 220-ADDRESS R 7350 220-ADDRESS
TO HOSPITAL OF Poge 4 may be TO FUNERAL DIR director, page 3	23a BURNY (REMATION, 23b DATE 23c NAME OF CEMETERY OF CREMATORY 23d TOYAND (County) (State)
22 2 3 7 A	24 TOWERS DEED BY REGISTRAR 256 REG STRAR'S SIGNATURE
45M \(1,169	Dest S. Sananer, Sweina Ph, har DATAPR 1 1969 Journellas Victorias

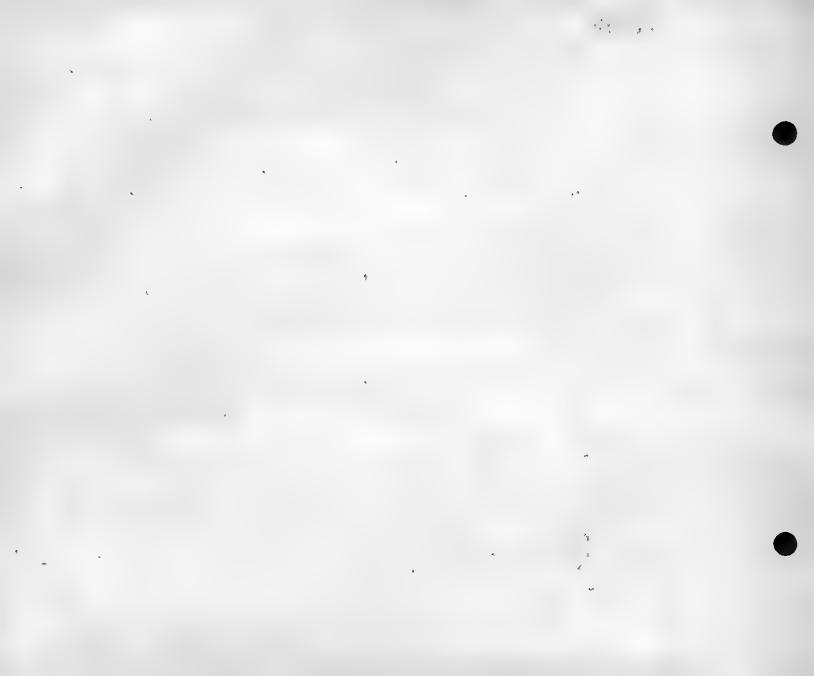


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03378 CERTIFICATE OF DEATH DECEASED-NAM M ddle 2g DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) Day Year 3 SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONENS DAYS HOURS _ YRS buriol, cremation, or removal, and in ony event, within 72 hour 70 BYRTHPLACE (State on fare an TO CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH WIDOWED F DIVORCED [filled NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR e street addcess' INDUSTR completely 13a USLAL RESIDENCE (Where pereased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER admission) STATE 13b COUNTY .4 FATHER'S NAME Middle Last 15. MOTHER'S MA DEN NAME First and Lost requires that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) attending phy nermit. Then APPROX.MATE INTERVAL 1B CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE signed by the burial-transit p Canditians, if any, which gove rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been the Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? use YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached to State Dept. of F P.M. (if either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME FARM, STREET, FACTORY 21f LOCATION Street or R F D No City or Town Stote County While Mat while OFFICE BUILDING, ETC at work 22a I certify that (I) (this haspital) attended the deceased from be retoined by and that in (my) (our) apinion death accurred on the date and haur and from the saw the deceased alive on director, page 3 should should be filed with the causes stated above, (1) (we) (dia not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED PHYS DIRECTOR PHYS 22d PHYSICIAN'S 22e ADDRESS III (Type) 230 BURIAL CREMATION 23b DAJE 23d LOCATION (City or Town) ((aunty) PEMOVAL (Spec fy) FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATUR 2Sq REC'D BY REGISTRAR DATEAPR Williamso Unda



1			D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTIF		
1	03385		ERTIFICATE OF DEATH	menty mantionito Etzoi	03379
	DECEASED-NAME Fus (Type or print) NANCY	t Middle	Last	2a. DATE OF DEATH Month Day	5 Yeor 69 3: 00A
3	EX FEMALE	4. RACE CAUCASIAN	S DATE OF BIRTH 26 Mar 1887	6. AGE (In years lost birthday) 81 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	BIRTHPLACE (State or foreign unitry) KENTUCKY	75. CITIZEN OF WHAT COUNTRY? U.S.		O. COUNTY OF DEATH ANNE-ARRUNDEI	Md.
/	FORT MEADE	11 NAME OF HOSPITAL OR INS give street oddress) KIMBROUGH ARI	MY HOSPITAL during mo	OCCUPATION (Kind of work done st of working life, even if retired.) USEWIFE	126 KIND OF BUSINESS OR INDUSTRY
13: ad	missian) STATE MD.	osed lived, if institution: Residence before	Baltimore YE NO	□ 4016 Massachus	setts Ave
14	FATHER'S NAME FIRST JOHN	Middle Last SEE	IS. MOTHER'S MAIDEN NAME FIF		GOFF
16	o. WAS DECEASED EVER IN U.S. AF Yes, no, or unknown) [If yes give NO	RMED FORCES? 16b. SOCIAL SECURITY N		Address 4016 Mass. Ave	
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	causes stated abar	his haspital) attended the decease alive an 5 Mar l ve, (1) (we) (did) (did not) view the	od tram 3 Mar , 1969 %9 , and that in (my) (and) apir body after death.	nian death accurred an the da	
	22b. SIGNATURE	emul Su		TR CTAPC 2	Mar 69
	NAME (Type) COLW	MAN R SACHS	Fort Georg	ge G Meade, Maryl	and 20755
23 2		1ARCH 8, 1969 GRY	CEMETERY OR CREMATORY PN LAWN COM. BALTO MO. 250. RECD BY	23d LOCATION (City or Town) LAWRENCE REGISTRAR 2Sb. REGISTRARS	(County) (State) Co. KENTUCKY
24	4. FUNERAL DIRECTOR		FORMERICE DATE MA	R 7 1989 Milio	rela Quedar

1 1		MARYLAND STATE DEPARTMENT OF HEALTH	
9		03386 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	03380
FOR STATE		, MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT. エニ語 言		Type or Print) Charles Herbert 1/2 MAN 20. DATE KNOWN Month OF ESTI- DEATH MATED 3/	23/6019 16"M
ny deloy is ond 3 to PM3. Poge ortmeny of	3 5	EX	3 Year 69 2d HOUR
7		BIREMPLACE (State of Toreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTRY OF DEATH WIDOWED DIVORCED 1	indo!
offer death 8. Give Pages 1, along with form with the State De	10.	THOR FOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito during most of whiting the give street oddress) 12 USUAL OCCUPATION (kind of work done during most of whiting the give street oddress)	126 KIND OF BUSINESS OR INDUSTRY
s ofter de 18. Give 1 along w with the death		USUAL RESIDENTE (Where deceased fived, f institution, Residence before 13c. CITY OR TOWN 1 13d. MISIDE CITY, AMTS? 13e STREET AND NUMBER INSTITUTION STATE 13b. COUNTY 2 12 12 12 12 12 12 12 13 12 13 12 12 12 12 12 12 12 12 12 12 12 12 12	THEY ST
V - W - W	14	Tile I III III III III III III III III III	1141-7 37
	14	gene Tulmantalle Bron	1921 Lost
J within 24 in pencil in Examiner's File pages	160. {	WAS DECEASED EVER IN U.S. ARMED FORCES? (If you give wor or dotes of service) 16 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 21 4-05217 D. Lall W. C. Boston	Halitsanka.
		IB CAUSE OF DEATH (Enter on y one cause per line for (b), (c), ong/(c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical E insit permit. F event within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) HOUTE OYONARY COLUSION	Minutes
e execution pending of Medic sit perm		4109 DUE TO, OR AS A CONSEQUENCE OF	110000
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should be executed te word "pending" in to the Chief Medical I burial-transit permit. I in any event within		stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
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is certificate to, writing the forwarded to used as a removal, and	CERTIFICATION	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This icate, be fo	RIE		YES NO 🕰
	MEDICAL CE	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. PM 19 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, PM 19	Item 18)
	WEC	21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK WHILE AT WHILE AT WORK WHILE AT WHILE AT WORK WHILE AT	Caunty State
L EX. recute Poge for your RR: Po		22a certify that I took charge of the remains described above, held an Autapsy , Inspection ,	and in my apinian
CAL exe exe d fo TOF		death results from Vajural courses Accident , Suicide , Homicide Undetermined manner	
bleose directo etoinec DIREC		CHIEF MEDICAL EXAMINER	1.
9 - 2 - 0		I actival ("A.I.A.C" "I.I.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C	TE SIGNED
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	L	NAME (Type) (/ /// // // // // ADDRESS(Street city town, or county)	1/1/0
5 5 ± ~ 5 ±	230	BUR AL CREMATON, 23b DATE 23c NAME OF TEMETRAY OR CREMATORY (23d. LOCATION (City or Jown))	(County)
Sho	24		S SIGNATURE
VR A15ME 51	11	Selliam Bease # (MMCa/)/C. DAMAR 2 6 1969 golian	and June



MARYLAND STATE DEPARTMENT OF HEALTH

03381

03387

CERTIFICATE OF DEATH

	ASED NAME	First		Middle		Last	2a.	DATE OF DEATH			2b. HOUR
(Typ	e or print)	ODESSA		V.		TYSON	М	arch Mo	oth 7 Do	69 Year	7:00 %
3. SEX			4. RACE			S DATE OF BIRTH			(In years orthdoy)	F JNDER 1 YEAR	IF UNDER 24 HRS
	Female		Neg			10 Ja	n 194	0 last b	Pirthdoy) YRS.	MONTHS DAYS	HOURS MIN
7o BIR	THPLACE (State of	r foreign 7	L CITIZEN OF WHAT	COUNTRY?	8. MADDIET	XX NEVER MARRIED		UNTY OF DEATH		-	
country	y) Vanas		USA		WIDOWED			ne Aruno	J_7		и.
in city	Kansas	FATH		E OF HOSPITAL OR INS				UPATION (Kind o		26 KIND O	F BUSINESS OR
DO.	A - Ft.	llea le	give stre	eer oddress) A Kimbi	rough	Army Hosp	ing mast af	wark ng life, eve usevije	en if retired)	INDUSTRY	
3a uS	CTATE Com-		lived, finstitution 1136. COUNTY	Residence before	13c CITY C		E CITY LIWITS .	13e. STREET AN			
JUITISSI	Me Me	d.	Anne	a Arundel	Ft	Leade YE	X NO 🗆	A 8008	Burk (Ct. Ft.	Leade
14. FAT	THER'S NAME	First	Middle	Last		IS. MOTHER'S MAIDEN NA	AME First		Middle		Lost
	(otis		Barnes		Pauli	ne	M.		Bar	ksdale
16a. W	AS DECEASED EVE	PANELS ADME	D FORCES?	66 SOCIAL SECURITY N		INFORMANT			Address		
Yes,	, no, or unknown)	(II yas give war	or dates of service)		7	ince I. Trs	on (h	uchand)	8003	A Runde	C+
15		ATH (Enter anly	one couse per line	far (o), (b), and (c))					171.71.11	A Parale A	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	CARLLA DAMA L	DV			ETTELLA MADE	רים				known
	5 , 7	, immediati	. ,		DRAL	EDEMA, MARK	PIL				RHOWIT
	anditions, if any,	ushich meun t	DUE TO, OR AS	A CONSEQUENCE OF							
	ise to immediate		(b)								
sì	tating the under		DUE TO, OR AS	A CONSEQUENCE OF							
_	ist.	,	(c)								
P	PART 2 OTHER SIG	INIFICANT COND	ITIONS CONTRIBUTION	IG TO DEATH BUT NO	OT RELATED	TO THE TERMINAL DISEASI	E OR CONDIT	TON GIVEN IN PAI	(T 1(o)		
8											
CERTIFICATION	9a. DATE OF OPERA	TION 19b. CO	ONDITION FOR WHICH	HOPERATION WAS PER	REORMED	20a. AUTOPSY?		CAUSES OF DEA		CONSIDERED IN	CERTIFYING
E						YES 🙀 N	10 🔲	CAUSES OF DEA		Yes	
	a ACCIDENT WA				21c.	HOW INJURY OCCURRED	(Enter notu	re of injury in Po	rt 1 or Port 2,	Item 18.)	
	OR CONTRIBUTING [f either, notify m			Month Day Year	,						
	and injury occur	RRED 21e. P				LOCATION Street or R.F.	.D. No.	City at Taw	ń	Caunty	State
٧	While Not who	le 🔲	(0	FFICE BUILDING, ETC.	/						
2	2a Frentify	that /I\ /this	hasnital) attan	dad the decense	ed from	DOA 7 Far	19 69	. to 7 Ea	ar 10	169 the	t (I) (we) lost
	saw the c	leceased al	ve on	Accessor accessor	9 a	IX)A 7 Far , nd thot in (Inix) (our) opinion	death occurre	d on the d	ote and hour	r ond from the
	causes sta	oted obove,	(l) (we) (did) (d	id net) view the l	body after	death.	' '				
2	2b. SIGNATURE	7/	0<	-/-		ATTENDING	MED	STACE		. DATE SIGNED	
		1 an	- 9	We-	DEC	REE PHYS] MED DIRECTO	OR STAFF	X 8	Har 69	
22	2d PHYSICIAN'S		000			22e. ADDRESS					
	NAME (Type)	AU G. S	TERN, Co	t. NG		Kimbrou	igh 21r	my Jospi	ital F	t. Load	e. Md.
23a B	BURIAL, CREMATION			23c. NAME OF	CEMETERY O			LOCATION (City		(County)	(Stote)
P	EMOVAL (Specify)		ch 13 169					ort Ril			
24 FU	INERAL DIRECTORS	lowered !				++ C3 + 1250 RI					4
Tor	me of Ha	erry Wi	tzke	HIGI du	arvla	ott City 250 Ri	AR 10	1969	fillian	rear your	ge.
	410	- 60		444	and all the				11		APP

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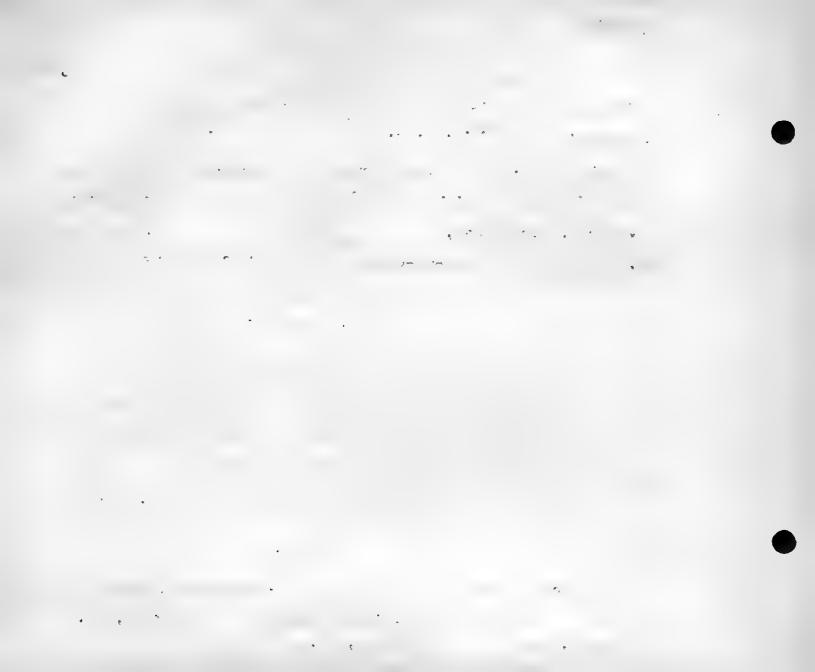
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Soggest and 2 should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical be-executed within 24 hours after death

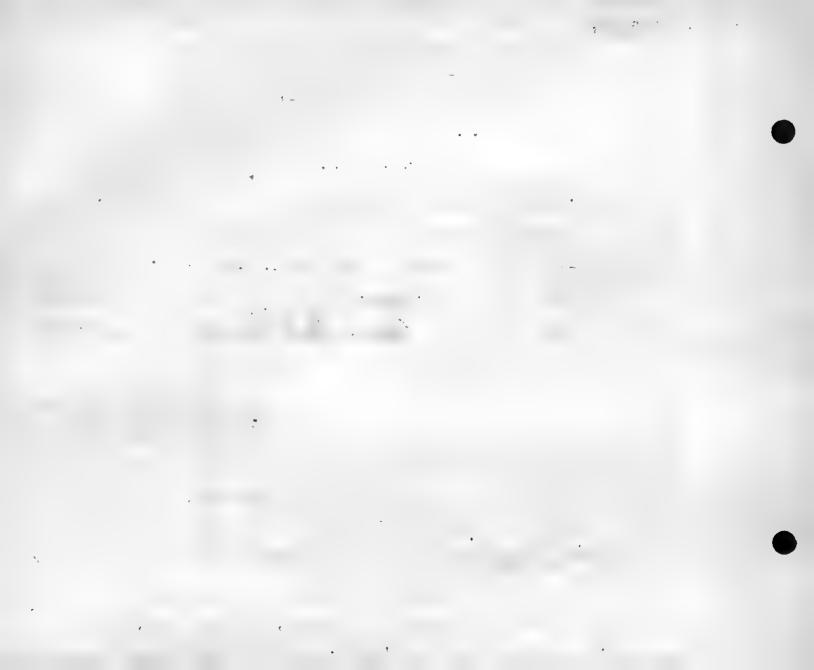
Page 4 may be retained by the haspital or attending physician.

100 mm

-						DEPARIMENT OF				
		03388	DIVISION	OF VITAL RECORDS, (ESTON STREET, BA ATE OF DEATI	-	ARYLAND 21201	0.3	3382
		CEASED NAME Firs		Middle		Lost	2a. DATE			2b HOUR A
	(1	ype or pant) J.	AMES	J		VACEK	3/	Month D	10 Year	69 6:05M
	3 SE	X	4. RACE		1	S DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YE	AR OF JNOER 24 HRS
		Male		hite		3/13/191		lost birthdoy) 54 YR		MIN COUNTY MINE
	7a. 8	IRTHPLACE (Stote or foreign try) Maryland ITY OF TOWN OF DEATH	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED		9. COUNTY	A.		Md.
	10. (lty or town of DEATH len Burnie,	Md.	NAME OF HOSPITAL OR INS	TITUTION (If not	t in hospitol 120 State during	most of work	ON (Kind of work done gg life, even if retired LC	126 KINE INDUSTR	O OF BUSINESS OR
	130.	USUAL RESIDENCE (Where dece ssion) STATE Md	isea ilvea, il inst	itution: Residence before Y A.A.	1136 1111 UK	I DAAM 130' INDIGE CL	NO CX	STREET AND NUMBER 126 Main	Avenue	, SW
	14 F	ATHER'S NAME First	Middle	e Lost	15	MOTHER'S MAIDEN NAM	E First	Middle		Lost
		Valac J.	Vacek			Anna		3	Brosh	(Dec)
	16o. Y	WAS DECEASED EVER IN U.S. Al es, no, or unknown) (If yes give NO.	MED_FORCES? war or dates of service)	16b. SOCIAL SECURITY N 217-09-6		FORMANT Cha	rt Nort	h Arundel		Hospital
1		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	n.y one couse pe	r line for (o), (b), and (c)	3	1				PROXIMATE INTERVAL EEN ONSET AND OEATH
		4109	HATE CAUSE (0) Due to. C	OR AS A CONSEQUENCE OF	010		16 6,	o dis	, 3	(=2.7
		Conditions, if only, which governse to immediate cause (a)	(D)-	OR AS A CONSEQUENCE OF	14	1. 6 6	(-			
		stating the underlying couse lost.	(c)	N NO N CONSEQUENCE OF						
	2	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTR	IBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE	DR CONDITION GI	VEN IN PART I(o)	•	
	CENTIFICATION	190. DATE OF OPERATION 19	. CONDITION FOR	WHICH OPERATION WAS PER	RFORMED	20o. AUTOPSY? YES NO		IF YES, WERE FINDINGS SES OF DEATH?	CONSIDERED	IN CERTIFYING
	EDICAL CEI	210. ACCIDENT WAS UNDERLY OR CONTRIBUT NG CAUSE OF DI (If either, notify medical exor	ATH HOUR A.	.M. 19		W INJURY OCCURRED (E		ijury in Port 1 or Port :	2, (tem 18.)	
	₩	21d INJURY OCCURRED 21 White Not white	PLACE OF INJUI	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC				ity or Town	County	State
		22a. I certify that (1)/(1	his hospital), a	attended the decease	d from	About in front March	9 <u></u> , to_	At " = ch 14,	19 <u> ,</u>	hat (I) (we) last
		22a. I certify that (1) (1) saw the deceased couses stated obo	alive on /e_(l) (we) (di	id) (did not) view the l	body after d	eoth.	apinion deati	accurred on the	aore ona no	our and from the
		22b. SIGNATURE	·	sting A	DEGRE	ATTENDING -	MED. DIRECTOR	22	k. DATE SIGNED	D
		22d PHYSICIAN'S NAME (Type) Ro	pert_Dab	olins		22e. ADDRESS	O Crain	Hwgy NW	Glen B	lumie
	230.		DATE 3/13/1	23c. NAME OF			23d. LOCA	TiON (City or Town) on Burnie	(County)	(State)
	24.	FUNERAL DIRECTOR Raymond C.		Glen Bu			D BY REGISTRAR	2Sh REGISTRA		
1	<u> </u>									



MARYLAND STATE DEPARTMENT OF HEALTH

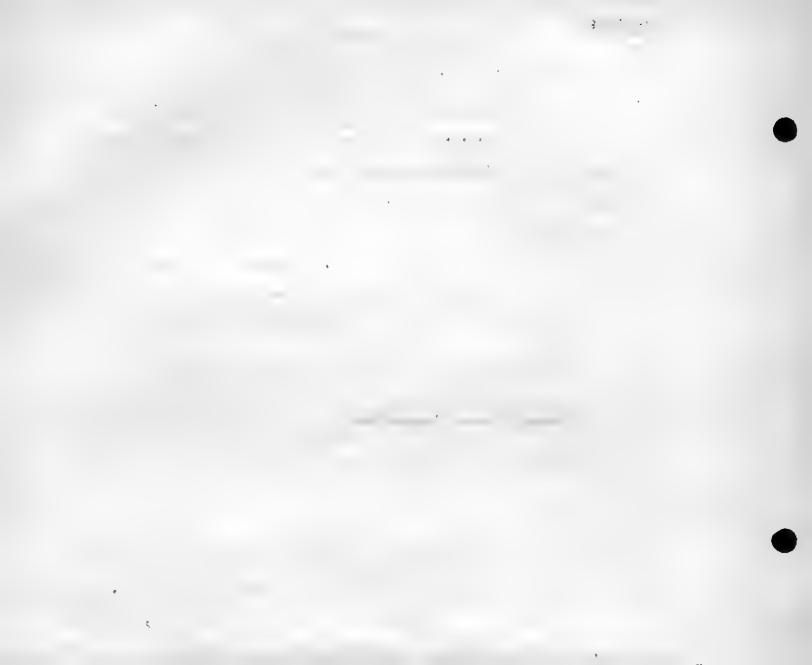


			ID STATE DEPARTMENT OF		
	03390	-	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
£ 2/2	00000		CERTIFICATE OF DEATH		03384
4 -24	1 DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
death and 2	(Type or print) JOHN		WALCH	March K	1 201969 M
. (- 1 - 1 - 2	3 SEX	4. RACE	S DATE OF BIRTH	6 AGE (n years	JE UNDER 1 YEAR 1 1 JADER 24 HRS MONTHS DAYS HOURS MAIN
s offer	male	cauc.	Oct. 24, 189	last birthday) 69 YRS	
by Pour	7a. BIRTHP_ACE (State or fareign country)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED A NEVER MARRIED	9. COUNTY OF DEATH	
24 hours ed in by propers. Poly	Germany	USA	WIDOWED DIVORCED	Anne Anindel	Md.
completely filled in the completely filled in the corporation of the c	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN		AL OCCUPATION (Kind of work dane	
within tely fille rban pa	Annapolis	DOA Anne Ar		nost of working life, even if refired. Mechanic	Iron Works
ppie cou	admission) STATE.	sed lived, if institution. Residence before	13c CITY OR TOWN 13a INSIDE CITY YES TO N		
Los de Co	Mary Land		Gambrills -	A DOX SUL	
a plan	14 FATHER'S NAME First	Middle Last	15. MOTHER S MAIDEN NAME		Last
te be execute	John 16a, WAS DECEASED EVER IN U.S. AR	Walch MED FORCES? 16b SOCIAL SECURITY	NO. 117. INFORMANT	Julia Address	Gri ler
physician physician properties of the properties	Yes, na, ar unknawn) (If yes give	war or dates of service)	T. 3 & A		rvland
the hear	ID CAUSE OF DEATH (Enter of	nly one cause per line for (a), (b), and (c)	~	O = (APPROXIMATE INTERVAL
requires that the death certificate be executed within 24 hours of physician. signed by the attending physician and completely filled in by the burial-transit permit. Then please remove corban papers. Paga burial, crematian, ar removal, and in any event, within 72 hours	PART I DEATH WAS CAUSE	D BY.	Lynca cois	1 Julianti	BETWEEN OWSET AND DEATH OF COMMENT OF COMME
dec then rrmin n, at	in IT IC I	DUE TO, OR AS A CONSEQUENCE OF	100000	1 - 1010(1)	70000
if the the sit pe	Canditions, if any, which gave	1 5 Claw	tic Hynout	PULIJE	
hat n. ny tl ans	nse to immediate couse (a), stating the underlying cause	DIST TO ON AS ACTIONS CONSTRUCTION		.):	
The law requires that the attending physician. has been signed by the se as the burial-transit in priar to burial, cremati	last,	(c) (Ce y d)	VV05iv6	1158058	
phy sign buri	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE JERMINAL D SEASE OR	CONDITION GIVEN IN PART I(0)	0
IAN: The law rectand and are attending professions for use as the branch Health prior to be	*	Geetul!	5 Millings.	fleulvile	21-
The law ratending attending has been se as the h priar ta	19a, DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS PI		CALICTE OF DEATING	CONSIDERED IN CERTIFYING
	RIIE		YES NO		
AN: of or cate for u			21c. HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 2	!, Item 18)
	or contributing CAJSE OF DE		9		
TAL OR ATTENDING PHYSING be retained by the haspard DIRECTOR. After this certified a shauld be detached filed with the State Dept.	21d INJURY OCCURRED While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA	(TÖRY.) 21f LOCATION Street or R.F.D. N	o. City or Town	County State
the Care		nis hospital) lattended the deceas	ad frame 196	0(), 10 Jan - , 1	9 6 K , that (I) (we) last
Afred Afred Street	saw the deceased of	alive on IIII	19/2 X, and that in (mv) (aur) an	inian death-occurred on the c	date and haur and from the
OR:		e, (I) (we) (aja) (did nat) view the	bady after death.		
R A returned with with	22b STONATURE	Jan D. 11 - 11	ATTENDING T	MED STAFF ,	DATE SIGNED
be re ber ber ber ber ber ber ber ber be	22d PHYSICAN'S	vicusing - n	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L PHYS. L	7141107
RAIL RAIL Pe f	NAME (Type)	hus Gavub	219 228. AUUKESS	2 Odputon	Al. adecitates
10 HOSPITAL Page 4 may O FUNERAL director, pag should be fil	23a BURIAL CREMATION. 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Pag Pag dire sho	L.L 3) INVOILED		dy of Sorrows	Owensville	A.A. Md.
	24 FUREN STORY E. H	opping ADDRESS	2Sa. RECD	BY REGISTRAR 2Sb REGISTRAR	'S SIGNATURE
30M REV. VIOL		HOME - Annanalis	NH PATEMA!	2 4 1969 yelle	men under

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	1	•		AD STATE DEPARTMENT OF		
1	(Jet = 33	03391	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA		03385
				CERTIFICATE OF DEAT	1	00000
2 hours after death.		Type or print)	Middle SEAR	PHINE WEZIN	2a. DATE OF DEATH Month 3 Do	2b. HOUR 10. 29 M
2 E.	3 5		4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
1	L	MALE	WHITE	16-09		MONTHS DAYS HOURS MIN
À,	7a.	ntry)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	10	Ohio I	U.S.A.	WEDOWED DIVORCED DIVO	SUAL OCCUPATION (Kind of work done	NDLE Mo.
		ANNAPOLIS	gaye street oddress) AR	UNIVERSE COENT	most of working [fe, even if retired]	12b. KIND OF BUSINESS OR INDUSTRY Owner
		USUAL RESIDENCE (Where decease	d lived if institution Residence before	13c CITY OR TOWN 3d INSIDE CO	TY . M TS? 13e STREET AND NUMBER	
		Maryland	Anne Amindel	Cromsville YES	NO X Box 511	
1	14		Middle East	IS MOTHER'S MAIDEN NAM		Last
	160	WAS DECEASED EVER IN U.S. ARM			Rozmiarek Address	
		res, na, ar unknawn) (If yes give wa Yes	ir or dates of service)	Mrs. Betty V		
		IB. CAUSE OF DEATH (Enter only	y ane couse per line far (a) (b), and (c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY. G. I.	Hemorrhage	•	STORES CHIST ROO OLNIN
		4411	DUE TO, OR AS A CONSEQUENCE O	r. /		
)/		Conditions, if only, which gave trise to immediate couse (a),	(b)	Janne.		
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O			
		last)	(c)			
	L	PAKT Z OTHER SIGNIFICANT CON	DILIONS CONTRIBUTING TO DEATH ROLL	NOT RELATED TO THE TERMINAL DISEASE (DR CONDITION GIVEN IN PART 1(0)	
	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS P		20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
	Ĭ	2-27-69 Ru		URYSM. YES NO	□	
ŀ	A CE	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c HOW INJURY OCCURRED (E	nter nature of njury in Part 1 or Part 2,	Item 1B)
	MEDICAL	(If either, natify medical examina	er) P.M.	19		
		While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET F OFFICE BUILDING, ETC	ACTORY) 2)f LOCATION Street or R.F.D.	Na. Eity ar Tawn	County State
		22a I certify that (1) (this	haspital) attended the decea	sed from, 19), to, 19), that (I) (we) last
	ı	sow the deceased all	ve on(I) (we) (did) (did not) view the	19, and that in (my) (our)	opinian deoth occurred on the d	ote ond hour and from the
		22b. SIGNATURE	//		Xic	. DATE SIGNED
/	П	Bokivar	Herdoiza 1	1) DEGREE PHYS	MED STAFF DIRECTOR PHYS	3-10-69
-		22d PHYSICIAN'S NAME (Type)	0	22e ADDRESS		
	-	Boli	var Herdizo		<u>undel General Hos</u>	o. Annapolis
Q	23a	REMOVAL (Specify) Burial 3-		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(State) (State)
17	24	FUNERAL DIRECTOR	13-69 Bal1	simore National	Baltimore, Ma	
K		leorge J. Gonce	Funeral Home 40	Ol Ritchie Hgran	17 1969 William	Man lange



, 1	ĺ				PARIMENT OF HE		
ı		03392	DIVISION OF VITAL RECORDS		TON STREET, BALTIM	IUKE, MAKTLAND 21201	03386
		ECEASED NAME Firs	y Frances	Win	last SOF	20. DATE OF DEATH	Doy Yeor 2 20 HOUR
	3. SI	Female	4. RACE Negroe	S. I	DATE OF BIRTH 7 - 14-19	6 AGE (n years last premary)	IF UNDER 1 YEAR F JANDER 24 HRS MONTHS DAYS HOURS MIN
	€0ti	1116	76 CHIZEN OF AUTIAT COUNTRY?	MIDOMED [DIVORCED [COUNTY OF DEATH	runde (Md
		TUME	11 NAME OF HOSPITAL OR give street oddress)	Λ .	dury to meet	OCCUPAT ON (Kind of work don to work no his french gettree	12b KIND OF BUSINESS OR INDUSTRY
p W	odm	ission) STATE	osed lived, f institution Residence pefor 13b COUNTY	Follie	ON YES NO	Q	
		AMERS STAME FIRST	Middle Astin	- Di	OTHER'S MA DEN NAME, FIRST	B./	sol lost
		es, no, or unknown) (If yes give	MED FORCES? war or dates at service)	HE	naclple	livele Et	thianh.
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED CONDITIONS, if only, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE O	F	si farctu	<i>(</i>)	APPROXIMATE NITEVAL BETWEEN ONSET AND DEATH REPRESENTED TO
			ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THI	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)	
	CERTIFICATION		. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY? YES NO	206 IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
	MEDICAL CE	21a ACCIDENT WAS JNDERLY OR CONTRIBUTING CAUSE OF DE (1) either, notify medical exam	ATH HOUR A.M. Month Doy Yes	19		oture of injury in Port 1 or Port	2, Item 18)
	N	While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.		ON Street or R.F.D. No	City or Town	County State
		causes stated abov	his-hospital) attended the decea ative on: re, (1) (we) (did) (did no t) view th	. 19, and th	19 19 19 19 19 19 - 19	an death accurred on the	date and haur and from the
		226 SIGNATURE 1-Clack 220 PHYS.CIANS	F mith	DEGREE	ATTENDING MED DIRE	CTOR STAFF D	DATE SIGNED 69
1	73o	NAME (Type) (1./	DATE 230 MARRY	C NI ()	5,	Mady lide,	Merigland (County) Wishers
	24	FUNERAL PIRECTOR	-6 1969 CC	POTE	C	771231	1116
M)	11	11111aml	LOODAH INA	1111 11	250 AFR D BY	5 1969 yellon	RS S GNATURE

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ATE &	03394 DIVISION		STON STREET, BALTIMORE, MARY SCERTIFICATE OF DEATH	AND 21201	388
//	DECEASED-NAME	MIEDICAL EXAMINER.	lost	2a. DATE KNOWN Month Day	Year 2b. HOUR
5	(Type or Print)	F122 00	TENALITIES	OF ESTI- 3 17	169 D
	SEX 4. RACE	S. DATE OF BIRTH 6. AGE (In		2c. DATE PRONOUNCED DEAD	2d. HOUR
m m	Maio White	9-14-06 6	yrs. Days Hours Min.	month 3 Doy 17 Ye	or 1969 10 M
		CITIZEN OF WHAT COUNTRY? 8.		INTY OF DEATH	
6	untry B8/tond.	4517		LNE. ARUNdeL. Co	N.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTIT			NO OF BUSINESS OR RY Recel away
. / /		lived, if institution: Residence before 139	CI. CO. FON'L	13e. STREET AND NUMBER	en rear con
HD 02 13	odmissian) STATE 40		Persolvera YES NO 1	215 9,650N LOI	od 2112
	FATHER'S NAME First	, Middle Last	IS. MOTHER'S MAIDEN NAME	Middle	Last
2	(Inth	ony Lemaitio	10he	my of	of a
	o. WAS DECEASED EVER IN U.S. ARMED FOR Lives, no, or unknown) (If yes give war	RCES? 16b. SOCIAL SECURITY NO.	Form O Rema	it is Appolesses	merson 119
7	ID CAUSE OF DEATH (Fotor colu-	one course one linerfeet (a) (b) and (c)	y son 41 france		APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED B	ane couse per line for (a), (b), and (c).) 34: CAUSE (a)	lendie (V. Ch	seme 8	TWEEN ONSY AND DEATH
	4/24	DUE TO, OR AS A CONSEQUENCE OF			Len
event within	Canditians, if any, which gave) rise to immediate cause (o),	(b)			-
	stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
		(c)	ATED TO THE TERMINAL DISEASE OR CONDITION	IN CIVEN IN PART I/A)	
		ONS CONTRIBOTING TO DEATH DOT NOT KEE	אונט וט ווני ונאווואר טוטנאטן טא נטוועווא	W OHEN IN PART 1(0)	
2	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION	2	O. AUTOPSY?
2		WAS PERFORMED?			YES NO
		21b. TIME OF INJURY Month, Day, Year HOUR A.M.	21c. HOW INJURY OCCURRED (Enter natu	re of injury in Part 1 or Part 2, Item 18.)	
MFDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLA	P.M. 19 ACE OF INJURY (At home, form, street,	21f. LOCATION Street or R.F.D. No.	City or Town Coun	ty State
		ry, office building, etc.)	ZII. COCATION SHEET OF K.J. D. RO.	City Or Town	31016
		k charge of the remains described of	bave, held an Autapsy , In	spection V, Inquiry P, o	and in my apinio
	death resulted from:			Undetermined manner	
	8		CHIEF MEDICAL EXAMIN	ER 🔲	
	SIGNATURE /	whalet	M.D. ASSISTANT MEDICAL EX	-	19
2	EXAMINER'S NAME (Type)	E. LIN hARDY.	DEPUTY MEDICAL EXAM ADDRESS(Street, city, to		4(1)
2	3g. BURIAL CREMATION. 23b. D.			LOCATION (City or Town) (County	(State)
L	Brenoval (Specify) And	30h 20,199 36	n baven	Tan Beame aa	Can trig
Az	TUNERAL DIRECTOR	ADDRESS ADDRESS	12 250. REC'D BY RE	GISTRAR 25b. REGISTRAR'S SIGNATU	IRE
10	00000	1 -01 .000-119-0	10	1000 17	

MARYLAND STATE DEPARTMENT OF HEALTH